Information Collections

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Prepaid Health Plan Cost Report; *Use:* The Cost Report outlines the provisions for implementing Sections 1876(h) and 1833(a)(1)(A) of the Social Security Act (Act). Organizations contracting with the Secretary under the Act provide health services on a prepayment basis to enrolled members and are required to submit adequate cost and statistical data, based on financial records, in order to be reimbursed on reasonable cost basis by CMS. Organizations include Health Maintenance Organizations (HMOs) and Competitive Medical Plans (CMPs) under Section 1876, in addition to, Health Care Prepayment Plans (HCPPs) under Section 1833. These entities may be collectively referred to as ''Managed Care Organizations'' (MCOs).

Form CMS 276, provided by CMS as excel worksheets, covers the prescribed format for the cost reports. The worksheets are designed to be of sufficient flexibility to take into account the diversity of operations, yet provide the necessary cost and statistical information to enable CMS to determine the proper amount of payment to the Plan. Cost-based MCOs must submit through HPMS an annual Budget Forecast, semi-annual interim, and final cost report to CMS, all of which are included in this collection. Additionally, HMOs/CMPs are required to submit fourth quarter interim reports annually to CMS. Please note that HCPPs are not required to submit fourth quarter interim reports. *Form Number:* CMS–276 (OMB control number: 0938–0165); *Frequency:* Yearly, semi-annually, and once; *Affected Public:* Private sector; *Number of Respondents:* 16; *Number of Responses:* 36; *Total Annual Hours:* 1,128. (For questions regarding this collection contact Frank Cisar at 410–786–7553).

2. *Type of Information Collection Request:* Revision with change of a currently approved collection; *Title of Information Collection:* Applicable Integrated Plan Coverage Decision Letter; Use: Section 1859(f)(8) of the Act requires development of unified grievance and appeals processes for D–SNPs, to the extent feasible. We finalized regulations for integrated organization determinations at § 422.631, affecting D–SNP administration for January 1, 2021 and beyond. The rule requires applicable integrated plans to send an enrollee a written notice of any adverse decision on an integrated organization determination using a notice that is written in plain language and contains the information detailed at § 422.631(d)(1)(iii).

Applicable integrated plans as defined at § 422.561 issue form CMS–10716 when a request for either a medical service or payment is denied in whole or in part after considering both the Medicare and Medicaid benefit. Applicable integrated plans issue this form to enrollees when the plan reduces, stops, suspends, changes, or denies, in whole or in part, a request for a service or item (including a Part B drug) or a request for payment of a service or item (including a Part B drug) that the enrollee has already received. The form provides the enrollee with information regarding their right to an appeal of the applicable integrated plan's decision and the enrollee will use the instructions to navigate the appeal process. *Form Number:* CMS–10716 (OMB control number 0938–1386); *Frequency:* Occasionally; *Affected Public:* Private Sector and Business or other for-profits; *Number of Respondents:* 129; *Number of Responses:* 10,468; *Total Annual Hours:* 1,745. (For questions regarding this collection contact Kristi Sugarman at 415–744–3629.)

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* D–SNP Enrollee Advisory Committee; Use: CMS established paragraph (f) at § 422.107 under our authority at section 1856(b)(1) of the Act to establish in regulation other standards not otherwise specified in statute that are both consistent with Part C statutory requirements and necessary to carry out the MA program and our authority at section 1857(e) of the Act to adopt other terms and conditions not inconsistent with Part C as the Secretary may find necessary and appropriate.

MA organizations with D–SNPs would use the information collected from enrollees in the enrollee advisory committee to help identify and address barriers to high-quality, coordinated care for enrollees. Any collection of information directly from MA organizations offering a D–SNPs regarding the enrollee advisory committee requirement § 422.107(f) will be included in a separate PRA package. CMS is collecting data on D–SNP enrollee advisory committees as part of the CY 2025 Part C Reporting Requirements. *Form Number:* CMS–10799 (OMB control number 0938–1422); *Frequency:* Occasionally; *Affected Public:* Private Sector and Business or other for-profits; *Number of Respondents:* 398; *Number of Responses:* 398; *Total Annual Hours:* 15,920. (For questions regarding this collection contact Melissa Maker at 212–616–2329.)

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

[Document Identifier: CMS–40B, CMS–10797, CMS–4040, CMS–R–262 and CMS–10796]

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 April 21, 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:* Reinstatement with change of a previously approved collection; *Title of Information Collection:* Application for Enrollment in Medicare Part B (Medical Insurance); *Use:* Medicare Part B is a voluntary program, financed from premium payments by enrollees, together with contributions from funds appropriated by the Federal Government. The Social Security Act (the Act) at section 226(a) provides that individuals who are age 65 or older and eligible for, or entitled to, Social Security or Railroad Retirement Board (RRB) benefits shall be entitled to premium-free Part A upon filing an application for such benefits. Section 1836 of the Act permits individuals with Medicare premium-free Part A to enroll in Part B.

The CMS–40B provides the necessary information to determine eligibility and to process the beneficiary's request for enrollment for Medicare Part B coverage. This form is only used for enrollment by beneficiaries who already have Part A, but not Part B. Form CMS–40B is completed by the person with Medicare or occasionally by an SSA representative using information provided by the Medicare enrollee during an in-person interview. The form is owned by CMS, but not completed by CMS staff. SSA processes Medicare enrollments on behalf of CMS. *Form Number:* CMS–40B (OMB control number: 0938–1230); *Frequency:* Once; *Affected Public:* Individuals and Households; *Number of Respondents:* 1,184,546; *Total Annual Responses:* 1,184,546; *Total Annual Hours:* 292,820. (For policy questions regarding this collection contact Carla Patterson at 410–786–8911 or *Carla.Patterson@cms.hhs.gov*.)

2. *Type of Information Collection Request:* Reinstatement with change of a previously approved collection; *Title of Information Collection:* Application for Medicare Part A and Part B Special Enrollment Period (Exceptional Circumstances); *Use:* Section 1837(m) of the Social Security Act (the Act) provides authority for the Secretary of the Department of Health and Human Services to establish SEPs for individuals who are eligible to enroll in Medicare and meet such exceptional conditions as the Secretary may provide.

CMS provides SEPs for individuals experiencing an exceptional circumstance to enroll in Medicare premium Part A and Part B. To utilize these SEPs, an individual would have to submit an enrollment request via the form CMS–10797. The form is used by individuals who have missed an enrollment period due to an exceptional circumstance to enroll in Part A and/or Part B. Individuals complete the form and submit it to SSA to complete the enrollment.

The application form provides the necessary information to determine eligibility and to process the beneficiary's request for enrollment in premium Part A or Part B due to an exceptional circumstance. The form is only used for enrollment by beneficiaries who could not enroll during another enrollment period due to an exceptional circumstance. *Form Number:* CMS–10797 (OMB control number: 0938–1426); *Frequency:* Once; *Affected Public:* Individuals and Households, Business or other for-profits, Not-for-profits institutions; *Number of Respondents:* 34,612; *Total Annual Responses:* 34,612; *Total Annual Hours:* 19,901. (For policy questions regarding this collection contact Carla Patterson at 410–786–8911 or *Carla.Patterson@cms.hhs.gov*.)

3. *Type of Information Collection Request:* Reinstatement with changes of a previously approved collection; *Title of Information Collection:* Request for Enrollment in Supplementary Medical Insurance (SMI); *Use:* Section 1836 of the Social Security Act, and CMS regulations at 42 CFR 407.10, provide the eligibility requirements for enrollment in Part B for individuals aged 65 and older who are not entitled to premium-free Part A. The individual must be a resident of the United States, and either a U.S. Citizen or an alien lawfully admitted for permanent residence that has lived in the U.S. continually for 5 years.

Part B is a voluntary program and is financed from premium payments by enrollees together with contributions from funds appropriated by the Federal Government. All individuals age 65 or older who are entitled to Part A can enroll in Part B. There are some individuals, age 65 and over who are not entitled to or eligible for premium-free Part A. These individuals may, however, enroll in Part B only.

The CMS–4040 solicits the information that is used to determine entitlement for individuals who meet the requirements in section 1836 as well as the entitlement of the applicant or their spouses to an annuity paid by OPM for premium deduction purposes. The application follows the application questions and requirements used by SSA. This is done not only for consistency purposes but to comply with other Title II and Title XVIII requirements because eligibility to Title II benefits and free Part A under Title XVIII must be ruled out in order to qualify for enrollment in Part B only. *Form Number:* CMS–4040 (OMB control number: 0938–0245); *Frequency:* Once; *Affected Public:* Individuals and Households, Business or other for-profits, Not-for-profits institutions; *Number of Respondents:* 48,642; *Total Annual Responses:* 48,642; *Total Annual Hours:* 12,161. (For policy questions regarding this collection contact Carla Patterson at 410–786–8911 or *Carla.Patterson@cms.hhs.gov*.)

4. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* CMS Plan Benefit Package (PBP) and Formulary CY 2026; *Use:* Under the Medicare Modernization Act (MMA), Medicare Advantage (MA) and Prescription Drug Plan (PDP) organizations are required to submit plan benefit packages for all Medicare beneficiaries residing in their service area. The plan benefit package

submission consists of the Plan Benefit Package (PBP) software, formulary file, and supporting documentation, as necessary. MA and PDP organizations use the PBP software to describe their organization's plan benefit packages, including information on premiums, cost sharing, authorization rules, and supplemental benefits. They also generate a formulary to describe their list of drugs, including information on prior authorization, step therapy, tiering, and quantity limits.

CMS requires that MA and PDP organizations submit a completed PBP and formulary as part of the annual bidding process. During this process, organizations prepare their proposed plan benefit packages for the upcoming contract year and submit them to CMS for review and approval. CMS uses this data to review and approve the benefit packages that the plans will offer to Medicare beneficiaries. This allows CMS to review the benefit packages in a consistent way across all submitted bids during with incredibly tight timeframes. This data is also used to populate data on Medicare Plan Finder, which allows beneficiaries to access and compare Medicare Advantage and Prescription Drug plans. *Form Number:* CMS–R–262 (OMB control number: 0938–0763); *Frequency:* Annually; *Affected Public:* Public sector (Individuals and Households), Private sector (Business or other for-profits and Not-for-profit institutions); *Number of Respondents:* 785; *Total Annual Responses:* 8,337; *Total Annual Hours:* 46,026. (For policy questions regarding this collection contact Kristy Holtje at 410–786–2209 or *kristy.holtje@cms.hhs.gov.*)

5. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Dual Eligible Special Needs Plan Contract with the State Medicaid Agency; *Use:* Special needs plans (SNPs) are Medicare Advantage (MA) plans created by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Pub. L. 108–173) that are specifically designed to provide targeted care and limit enrollment to special needs individuals. Under section 1859(b)(6) of the Act, D–SNPs restrict enrollment to individuals entitled to medical assistance under a State plan under title XIX of the Social Security Act (hereinafter referred to as the Act).

Section 1859(f)(3)(D) of the Act and 42 CFR 422.107 established the requirement for D–SNPs to have contracts with State Medicaid agencies in addition to other contracting requirements that that apply to all MA plans. MA organizations with D–SNPs and States use the information in the contract to provide benefits, or arrange for the provision of Medicaid benefits, to which an enrollee is entitled. CMS reviews the D–SNP contract with the State Medicaid agency to ensure that it meets the minimum contract requirements at § 422.107(c)&(d). CMS uses the attestations and matrices in the appendices of this package to identify the types of D–SNPs an MA organization(s) offers and the location of the contract requirements in the document. *Form Number:* CMS–10796 (OMB control number: 0938–1410); *Frequency:* Annually; *Affected Public:* Public sector (Individuals and Households), Private sector (Business or other for-profits and Not-for-profit institutions); *Number of Respondents:* 886; *Total Annual Responses:* 893; *Total Annual Hours:* 17,403. (For policy questions regarding this collection contact Marla Rothouse at 410–786–8063 or *Marla.rothouse@cms.hhs.gov.*)

William N. Parham, III,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Office of Refugee Resettlement; Notice of Change of Eligibility

AGENCY: Administration for Children and Families (ACF), HHS.

ACTION: Notice of change of eligibility period.

SUMMARY: In accordance with ORR regulations, the Director of ORR is announcing the shortening of the Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) eligibility period from 12 months to four months of assistance for participants who become eligible for ORR benefits 45 days after publication of this notice. For 30 years, ORR had not increased the RCA and RMA eligibility period. In 2022, during a surge in refugee admissions, ORR increased the eligibility period from eight months to 12 months. ORR has determined that it must shorten the RCA and RMA eligibility period to four months to avoid a significant budget shortfall.

DATES: The changes described in this **Federal Register** notice are effective 45 days after the date of publication—exceeding the minimum permitted by 45 CFR 400.211(b).

FOR FURTHER INFORMATION CONTACT: Colleen Mahar-Piersma, Refugee Policy Unit, Division of Policy and Procedures, Office of the Director, Office of Refugee Resettlement, Administration for Children and Families, by phone at (202) 260–5493, and email at *refugeepolicy@acf.hhs.gov.*

SUPPLEMENTARY INFORMATION: The 1980 Refugee Act (8 U.S.C. 1522(e)(1)) authorized the Director of ORR (hereinafter ''the Director'') to provide RCA and RMA during the first 36 months after a refugee's arrival in the United States. For the first two years, ORR provided refugees with RCA and RMA for the first 36 months after a refugee's arrival. Thereafter, due to reduced appropriations, ORR had to decrease this assistance, first to 18 months, then to 12 months, and finally, in FY 1992, to eight months. RCA and RMA remained at eight months until FY 2022. In FY 2022, ORR expanded the RCA and RMA eligibility period to 12 months. However, ORR is unable to sustain this expansion based on current and projected congressional appropriations and the number of refugees eligible for RCA and RMA. Accordingly, the time-eligibility period for RCA and RMA will be changed to four months.

Prior to 1993, ORR would change the text in the Code of Federal Regulations each time it changed the number of months for cash and medical assistance. In 1993, ORR drafted regulations removing the specific duration of RCA and RMA from the regulatory text and instead added 45 CFR 400.211(a) establishing a methodology by which the Director to determines the time-eligibility period for RCA and RMA each year based on the appropriated funds available for the fiscal year. 58 FR 64499 (Dec. 8, 1993). The preamble explained that the methodology in the regulation was the substantive rule regarding how to determine RCA and RMA duration but future determinations of the actual months using the methodology would be interpretive rules. *Id.*

In recent years, annual refugee admissions have been high, resulting in an expanding pool of refugees and other eligible populations in need of services. As of March 3, 2025, approximately 109,800 refugees and other eligible populations have been resettled in the U.S. since October 1, 2024. In addition, approximately 714,000 ORR-eligible individuals were admitted to the U.S. in FY 2024. The open border policies of the Biden Administration have caused