

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.

#### Barbara Demopolos,

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

#### Participating Agencies

The Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is the recipient agency, and the Social Security Administration (SSA) is the source agency.

#### Authority for Conducting the Matching Program

The statutory authority for the matching program is 42 U.S.C. 18081 and 18083.

#### Purpose(s)

The purpose of the matching program is to provide CMS with SSA information which CMS will use to determine individuals' eligibility for initial enrollment in a Qualified Health Plan through an Exchange established under the Patient Protection and Affordable Care Act; for Insurance Affordability Programs (IAPs); for certificates of exemption from the shared responsibility payment; and to make eligibility redeterminations and renewal

decisions, including appeal determinations. IAPs include:

1. Advance payments of the premium tax credit (APTC) and cost sharing reductions (CSRs),
2. Medicaid,
3. Children's Health Insurance Program (CHIP), and
4. Basic Health Program (BHP).

#### Categories of Individuals

The individuals whose information will be used in the matching program are consumers (applicants and enrollees) who receive the eligibility determinations and redeterminations described in the preceding Purpose(s) section.

#### Categories of Records

The categories of records used in the matching program are identity information, citizenship and death/disability indicators, incarceration information, and income information. To request information from SSA, CMS will submit a submission file to SSA that contains the following mandatory specified data elements: last name, first name, date of birth, Social Security Number (SSN), and citizenship indicator. When SSA is able to match the SSN and name provided by CMS and information is available, SSA will provide CMS with the following about each individual, as relevant: last name, first name, date of birth, death indicator, disability indicator, incarceration information, Title II (annual and monthly) income information, and confirmation of attestations of citizenship status and SSN. SSA may also provide Quarters of Coverage data when CMS requests it.

#### Systems of Records

The systems of records that support this matching program are identified below:

##### A. System of Records Maintained by CMS

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

##### B. Systems of Records Maintained by SSA

- Master Files of SSN Holders and SSN Applications (referred to as the Enumeration System), 60-0058, last fully published at 90 FR 50879 (Nov. 12, 2025);
- Prisoner Update Processing System (PUPS), 60-0269, last fully published at 64 FR 11076 (Mar. 8, 1999) and updated at 72 FR 69723 (Dec. 10, 2007), 78 FR

40542 (July 5, 2013), 83 FR 54969 (Nov. 1, 2018), and 90 FR 53413 (Nov. 25, 2025);

- Master Beneficiary Record (MBR) 60-0090, last fully published at 71 FR 1826 (Jan. 11, 2006), and updated at 72 FR 69723 (Dec. 10, 2007), 78 FR 40542 (July 5, 2013), 83 FR 31250 (July 3, 2018), 83 FR 54969 (Nov. 1, 2018), 89 FR 825 (Jan. 5, 2024), and 89 FR 14554 (Feb. 27, 2024); and

- Earnings Recording and Self-Employment Income System (referred to as the Master Earnings File (MEF)), 60-0059, last fully published at 71 FR 1819 (Jan. 11, 2006) and amended at 78 FR 40542 (July 5, 2013), 83 FR 54969 (Nov. 1, 2018), and 89 FR 825 (Jan. 5, 2024).

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

**Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Rural Health Network Development Planning Program Performance Improvement and Measurement System, OMB No. 0915-0384—Revision**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than April 10, 2026.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Information Collection Clearance Officer, Room 13N82, 5600 Fishers Lane, Rockville, Maryland 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443-3983.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the ICR title for reference.

*Information Collection Request Title:* Rural Health Network Development Planning Program Performance Improvement and Measurement System, OMB No. 0915-0384—Revision.

*Abstract:* HRSA administers the Rural Health Network Development Planning Program (Network Planning Program), which is authorized under 42 U.S.C. 254c(f), 330A(f) of the Public Health Service Act. The purpose of the Network Planning Program is to promote the planning and development of integrated health care networks to address the following legislative aims: (1) achieve efficiencies; (2) expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes; and (3) strengthen the rural health care system as a whole. The Network Planning Program supports 1 year of planning and brings together key parts of a rural health care delivery system, particularly those entities that may not have collaborated in the past, to establish and/or improve local capacity to strengthen rural community health interventions and enhance care coordination. HRSA currently collects information about the Network Planning Program grants using an OMB-approved set of performance measures and seeks to revise that approved collection. The proposed changes are a result of keeping this instrument relevant and responsive to the Network Planning Program’s needs and to improve clarity and ease of reporting for respondents.

*Need and Proposed Use of the Information:* HRSA developed performance measures to provide data on the Network Planning Program and to enable HRSA to provide aggregate program data required under the Government Performance and Results Act of 1993. Data from this information collection will help support program compliance, inform rural needs, guide the delivery of technical assistance, and shape federal program decisions. The measures cover the principal topic areas of interest to HRSA, such as Capacity/Organizational information and Sustainability. All measures will evaluate HRSA’s progress toward achieving its Network Planning Program goals.

The proposed collection will reduce the total number of measures from 24 to 15. The following sections will be removed: Network Infrastructure, Network Collaboration, and Network Assessment. In the proposed collection, grantees instead complete two sections titled “Capacity/Organizational Information” and “Sustainability.” The “Capacity/Organizational Information” section will include 10 measures, and HRSA will modify the current “Sustainability” section by reducing the number of measures from 10 to five measures.

Although the proposed total number of measures has been reduced, there is a proposed increase in the estimated total burden hours compared to the previous ICR package. There are several contributing factors to the increase in estimated total burden. The increase in burden is to account for a new set of awardees who will be new to this data collection. The new set of awardees

represent a group of organizations who are funded in the 1-year Network Planning Program. These organizations vary in data collection and reporting capacity as well as vary in the number of member organizations it must coordinate with to report this data to HRSA. The amount of time it takes to build processes to coordinate and collect data from network partners will vary. Larger networks with multiple partners across different organizations are anticipated to report higher burdens due to the wait time in between requests. Networks who already have established working relationships with its member organizations may already have existing processes in place to effectively collect data for this program.

*Likely Respondents:* The respondents for these measures are Rural Health Network Development Planning Program award recipients.

*Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

**TOTAL ESTIMATED ANNUALIZED BURDEN HOURS**

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Rural Health Network Development Planning Program Performance Measures .....	25	1	25	11.25	281.25
Total .....	25	1	25	11.25	281.25

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency’s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information

technology to minimize the information collection burden.

**Maria G. Button,**  
*Director, Executive Secretariat.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

**Findings of Research Misconduct**

**AGENCY:** Office of the Secretary, HHS.  
**ACTION:** Notice.

**SUMMARY:** Findings of research misconduct have been made against Daniel Andrade, Ph.D., former Assistant