

Independent Evaluation Date(s).	XX 20XX, etc.
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*Project Description:**Target Population and Eligibility Criteria (including estimated number of participants):**Partners:**Evaluation Method:**Outcome Target(s):**Summary of Value to the Federal**Government:**Proposed Payment Terms:***9. Appendix II: Integration of Managed Care Information/Data***For Applicants Who Plan To Use Savings From Medicaid or CHIP: Integration of Managed Care Information/Data*

Treasury anticipates that applicants may have projects affecting individuals who receive managed care services from Medicaid or CHIP. To ensure that the calculations of benefits from reduced health care spending in these contexts properly demonstrate that those benefits accrue to the federal government or other public payers rather than to managed care organizations, applicants proposing projects that include a managed health care component must include a section in their application entitled “Managed Health Care Information.” This section must include, at a minimum, answers to the following questions, as applicable:

- To what degree will participants in the intervention be covered by comprehensive, risk-based managed care during the period of the demonstration?

- For intervention participants covered by a managed care organization, how would savings accrue to the federal government rather than the entity taking on risk?

- What services, if any, will be carved out of managed care for this population?

- If multiple capitation rates are used, which rate cells (by eligibility group or other category) will be used for the SIPRA program project participants?

- With what frequency will capitation rates for the population covered by comprehensive, risk-based managed care be redetermined during the period of the SIPRA program project?

- How would this intervention lead to reduced capitation rates?

- While the level of impact cost and utilization data will have on a capitation rate will vary, if the anticipated intervention effect is small and/or the population impacted by the intervention makes up a relatively small proportion of the rate cell (or grouping of Medicaid beneficiaries with similar characteristics for the purposes of determining a capitation rate), it may be unlikely that the effect will be large enough to change the capitation rate, even if the cost and utilization reductions occur. Is the impact of the intervention effect (or impacted population size) meaningful relative to size of the managed care program?

- For the population covered by managed care, what proportion of individuals covered under the relevant rate cell(s) are participants in the intervention?

- Is the proportion sufficient to trigger changes in the capitation rate under current procedures? If not, please be specific about how you will work with the State Medicaid Agency to ensure cost and utilization changes among this population due to the intervention are captured and incorporated into adjustments to the capitation rate.

- Please clarify if you will have access to robust historical (*e.g.*, at least 2 years) data to ensure that the comparison group is matched as well as possible to the actual cost or claims data to accurately assess federal savings through the evaluation.

- Please note that lags in realization of governmental savings in managed care contexts, relative to those in Fee for Service contexts, will not preclude consideration so long as the savings are realized within the ten-year time period and the BIA procedures discussed above are followed.

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DEPARTMENT OF THE TREASURY**Reestablishment of the Federal Advisory Committee on Insurance****AGENCY:** Department of the Treasury.**ACTION:** Notice of reestablishment of the Federal Advisory Committee on Insurance (FACI).

SUMMARY: The Treasury Department has determined that it is in the public interest to reestablish the FACI. A Charter for the FACI has been prepared and will be filed with Congress no earlier than seven (7) days following the date of publication of this notice.

FOR FURTHER INFORMATION CONTACT: John Gudgel, Senior Regulatory Insurance Policy Analyst, Department of Treasury, (703) 362-2684.

SUPPLEMENTARY INFORMATION: Pursuant to the Federal Advisory Committee Act (FACA) (5 U.S.C. 1001-1014), the Department of the Treasury (Department) intends to reestablish the FACI. Following the issuance of Executive Order 14217 “Commencing the Reduction of the Federal Bureaucracy” on February 19, 2025, Treasury leadership conducted a review of all the Department’s federal advisory committees and determined that it was in the public interest for the FACI to be reestablished following the lapse of its previous charter.

Objectives and Duties

The FACI’s purpose is to provide advice and recommendations to the Federal Insurance Office (FIO) regarding FIO’s duties and authorities, which include monitoring all aspects of the insurance industry, identifying issues or

gaps in regulation of insurers that could contribute to crisis in the insurance industry or U.S. financial system, and consulting with states regarding insurance matters of national importance. The FACI allows FIO to receive timely information and benefit from the knowledge and regulatory experience of state insurance regulators and state legislators, as well as the experience and perspective of industry and academic experts. The advice and recommendations may cover specific or general insurance topics, processes, studies and/or reports. FIO’s duties and authorities are set out in Subpart A of the Federal Insurance Office Act of 2010 (31 U.S.C. 313 *et seq.*), Title V of the Dodd-Frank Wall Street Reform and Consumer Protection Act, Public Law 111-203, 12 U.S.C. 5301 *et seq.* (July 21, 2010). The FACI will conduct its work at the direction of FIO. The Director of FIO (or designee), will determine what Treasury information will be disseminated to the FACI for its use or consideration.

The FACI shall be a continuing advisory committee with an initial two-year term, subject to two-year reauthorizations at the discretion of the Secretary of the Treasury. Going forward, the FACI would serve as a unique forum allowing direct feedback from insurers, reinsurers, brokers, private equity firms, state insurance regulators, consumer advocates, and other insurance sector stakeholders on a range of topics.

The duties of the FACI shall be solely advisory and shall extend only to the submission of advice and recommendations to FIO, which shall be non-binding. No determination of fact or policy shall be made by the FACI.

Membership

The body of the FACI shall consist of up to 25 members. The Department shall assure that the FACI reflects balanced membership and includes a cross-section of members representative of the views of state and non-government persons having an interest in the duties and authorities of FIO, such as: (1) state and tribal insurance regulators, legislators, and/or other officials, (2) insurance industry experts such as insurers, reinsurers, and brokers, and (3) consumer advocates, academics, and/or experts in the issues facing insurance consumers, including underserved insurance communities and consumers.

The FACI shall meet at such intervals as are necessary to carry out its duties. It is estimated that the FACI will generally meet four times per year,

virtually or in person. Generally, FACI meetings are open to the public. Nominations for membership will be

solicited in a subsequent notice in the **Federal Register**.

Steven Seitz,

Director, Federal Insurance Office.

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