

## **CMS' Response to Public Comment on CMS-10410 (OMB 0938-1147)**

The information collection for CMS-10410 (OMB 0938-1147) authorizes the collection by State Medicaid and CHIP agencies of all information needed to determine and redetermine eligibility for Medicaid and will transmit information, as appropriate, to other insurance affordability programs, ensuring a seamless, coordinated, and simplified system of Medicaid and CHIP application, eligibility determination, verification, enrollment, and renewal. The request for comment published in the [Federal Register](#) on September 8, 2025, and the public comment period closed on November 7, 2025.

We received one comment about the information collection from [Promise](#), a company that describes itself as a “public-benefit technology practitioner.” CMS acknowledges the comment and does not recommend any updates to the information collection based on this comment.

Comment: The commenter recommends CMS require states to: 1) use voice/IVR (interactive voice response) technology, 2) check data sources less frequently on a transparent schedule, 3) permit applicants to edit their applications via web/text/IVR modalities, 4) ensure each piece of data in an applicant/beneficiary's record be linked to its source in an auditable way, 5) conduct annual quality checks of eligibility and enrollment data, 6) ensure use of PHI is minimized in recordkeeping, 7) provide access to applications and other beneficiary-facing interfaces for users with limited English proficiency and disabilities and track usability metrics, and 8) publish information about their eligibility and enrollment requirements and processes in machine-readable format. The commenter supports continuation of CMS-10410 and recommends incorporating recommendations #1, 3, 4, and 5 into the ICR's instructions and supporting materials so states can operationalize them consistently.

CMS Response: CMS acknowledges the commenter's recommendations meant to improve states' eligibility and enrollment systems and processes and individuals' ability to apply and maintain their enrollment in Medicaid and CHIP coverage. However, many of the commenter's recommendations are not required in current statute nor regulations, and at minimum, CMS would need to undertake notice and comment rulemaking before requiring states to take up these enhancements. Some recommendations are part of existing regulatory requirements, such as 42 CFR 435.905(b) and 42 CFR 457.110(a), which require states to provide program information accessibly, timely, and free of cost to applicants and beneficiaries with limited English

proficiency and individuals living with disabilities. Since this ICR only updates our estimates of burden on states and individuals to implement existing requirements under the ACA, CMS is not able to address the commenter's recommendations in this ICR. CMS suggests the commenter submit formal comments at the next appropriate opportunity, such as in response to future rulemaking or RFI.

Action(s) Taken: CMS acknowledges the comment and does not recommend any updates to the information collection based on this comment.