

Supporting Statement for Paperwork Reduction Act Submissions

Initial Request for State Implemented Moratorium Form
CMS-10628/OMB Control Number: 0938-1328

A. BACKGROUND

Section 1866(j)(7) of the Social Security Act permits a State Medicaid agency (SMA) to implement a temporary moratorium on the enrollment of certain providers. Under 42 CFR § 424.570, the SMA – prior to implementing such a moratorium -- must notify the Secretary in writing (including all the details of the moratoria) and obtain the Secretary’s approval for the moratorium.

The Initial Request for State Medicaid Implemented Moratorium Form (CMS-10628) collects this data from SMAs that request a moratorium. CMS’ use of this form helps standardize the moratorium request process.

CMS is requesting approval to: (1) extend this data collection, which expires on April 30, 2026; and (2) changing the e-mail address listed on the current form. No other changes to the form are being requested, and no change in burden is involved.

B. JUSTIFICATION

1. Need and Legal Basis

As previously noted, and pursuant to section 1866(j)(7) of the Act, § 455.470(b)(3) requires the SMA to notify the Secretary in writing and obtain the Secretary’s approval prior to implementing a provider enrollment moratorium. The CMS-10628 form collects information from an SMA requesting such approval. This information collection request is needed to extend the approval of this form and to change an e-mail address thereon. This request will enable continued use of the form in the next 3 years (the standard OMB approval period) and ensure that the SMA sends the form to the correct e-mail address.

2. Information Users

This form is used by SMAs states and territories who wish to impose a Medicaid or Children’s Health Insurance Program moratorium. CMS will use this information as a standardized method to collect and track state imposed moratoria requests.

3. Use of Information Technology

This form lends itself to email submission ONLY. The form may be emailed to MedicaidProviderEnrollment@cms.hhs.gov.

4. Duplication of Efforts

There is no duplicative information collection instrument or process.

5. Small Business

This form may affect small businesses; however, CMS does not have the regulatory authority to exclude small business from state-implemented moratoria.

6. Less Frequent Collection

This information is collected on an as needed basis, as defined by state Medicaid and CHIP programs.

7. Special Circumstances

This is a special circumstance because this form only lends itself to email submission. It should not be made available to the public via the cms.gov forms list or any state forms list accessible to the public. The providers/suppliers should not know what or where fraud is taking place, nor should the providers/suppliers be able to determine the request for a moratoria based on specific fraudulent activities or supplies via the data fields on the form. It would allow illegitimate providers/suppliers to determine and begin evasive measures so as to not be part of the moratoria. The form can be requested via the email MedicaidProviderEnrollment@cms.hhs.gov, completed, and emailed back to the same address.

8. Federal Register Notice/Outside Consultation

The 60-day Federal Register Notice (91 FR 2778) was published in the Federal Register on January 22nd, 2026. No comments were received.

The 30-day Federal Register Notice (91 FR 17283) was published in the Federal Register on April 6th, 2026. No outside consultation was sought.

9. Payment/Gift to Respondents

Respondents will not receive payments or gifts.

10. Confidentiality

CMS will comply with all Privacy Act, Freedom of Information laws and regulations that apply to this collection. Privileged or confidential commercial or financial information is protected from public disclosure by Federal law 5 U.S.C. 522(b)(4) and Executive Order 12600.

11. Sensitive Questions

There are no sensitive questions associated with this collection.

12. Burden Estimate (Hours and Wages)

The states' burden associated with completion of this form is currently estimated at 5 hours per form, with 5 forms being submitted each year by all the combined states. This results in the current OMB-approved burden of 25 hours per year at an annual cost of \$2,417. As we are only changing the e-mail address on the form from ProviderEnrollmentMoratoria@cms.hhs.gov to MedicaidProviderEnrollment@cms.hhs.gov, there will be no change in the current burden.

13. Capital Cost

There is no capital cost associated with this collection.

14. Cost to Federal Government

There is no change in cost to the Federal Government resulting from our requested revision. The cost is \$1,682.

15. Changes to Burden

As stated in Section 12 above, there is no burden change associated with this information collection request.

16. Publication/Tabulation Dates

The outcome of this data collection will not be published.

17. Expiration Date

The expiration date will be displayed on each data collection instrument.