FEDERAL REGISTER SUMMARY

# Medicaid Managed Care and Supporting Regulations: The Attestation Collection, Revised

CENTERS FOR MEDICARE & MEDICAID SERVICES · FEDERAL REGISTER DOCUMENT 2026-23037 · DOCUMENT IDENTIFIER CMS-10856 · OMB CONTROL NUMBER 0938-1453 · NOVEMBER 10, 2026

## THE CLOCK, UP TOP

**Comment deadline:** Monday, January 11, 2027. Comments must be received within 60 days after publication.

**Published:** Thursday, November 12, 2026.

**Public inspection:** Filed Tuesday, November 10, 2026, 8:45 AM ET.

**Effective date:** None. A Paperwork Reduction Act notice carries no effective date. The collection it re-papers is already approved and in force.

## BOTTOM LINE

The Centers for Medicare & Medicaid Services (CMS) is re-papering one federal information collection: “Medicaid Managed Care and Supporting Regulations,” Document Identifier CMS-10856. This notice is a revision, not a routine extension. The collection, as this notice describes it, is the attestation paperwork at 42 CFR 438.6(c)(2)(ii)(H): a provider paid under a State directed payment must attest that it does not participate in any hold harmless arrangement for a health care-related tax, and the State must keep those attestations ready to hand CMS on request, or explain to CMS’s satisfaction why a specific provider could not or would not attest.

The notice prints the revised burden: 719 respondents, 6,243 responses a year, 264,468 hours a year. The underlying rule text does not change. Section 438.6(c)(2)(ii)(H) reads tomorrow exactly as it reads today.

For states, this is a managed care item, and only a managed care item. It does not change any provider enrollment or screening requirement. The one live decision it creates is whether a state Medicaid agency comments on the revision before the January 11, 2027 deadline.

## WHAT THIS DOCUMENT IS

This is a 60-day Paperwork Reduction Act comment notice for one CMS collection: CMS-10856, OMB control number 0938-1453, “Medicaid Managed Care and Supporting Regulations,” a revision of a currently approved collection. A notice of this kind asks the public to judge four things: whether the collection is necessary, whether the burden estimate is accurate, how the quality and clarity of the information collected could be improved, and how the burden could be cut, including by automation. It imposes nothing today. It opens a comment window. After CMS reviews the comments, it files the collection with the Office of Management and Budget under a separate 30-day notice, and that later filing settles the final burden figures and whatever changes CMS accepts.

## WHAT CHANGED

The collection is being revised rather than routinely extended, and CMS attributes the change from the currently approved collection to updated wage and burden data. What the revision re-papers is the attestation collection at 42 CFR 438.6(c)(2)(ii)(H), described in Card 2 below. The revised burden is 719 respondents, 6,243 total annual responses, and 264,468 total annual hours; attestations run yearly and once, depending on the payment arrangement. The regulation itself is untouched: the attestation duty, the hold harmless definition it points to, and the State’s duty to hold the file all stand exactly as written.

## THE PIECES, AS COMPANION CARDS

### Card 1 · The notice

- **What it is:** A 60-day Paperwork Reduction Act comment notice for one CMS collection, Document Identifier CMS-10856, OMB control number 0938-1453, “Medicaid Managed Care and Supporting Regulations,” type of collection: revision of a currently approved collection.
- **What it requires:** Nothing today. It opens a comment window. After CMS reviews comments it files the collection with the Office of Management and Budget under a 30-day notice.
- **Source:** CMS, Document Identifier CMS-10856, OMB control number 0938-1453, Federal Register Document 2026-23037.
- **How its date is set:** Filed for public inspection November 10, 2026 at 8:45 AM ET; scheduled publication November 12, 2026; the 60-day comment window runs from publication.

### Card 2 · The collection it re-papers (the attestation)

- **What it is:** The attestation collection written at 42 CFR 438.6(c)(2)(ii)(H). A State directed payment is a payment arrangement the State directs its managed care plans to make, under a CMS-approved preprint, often to lift payment for a class of providers. The hold harmless rule at 42 CFR 433.68(f)(3) bars arrangements that effectively guarantee a taxpayer (typically a provider paying a health care-related tax) gets its money back. The attestation is the provider's signed statement that no such guarantee stands behind its directed payment.
- **What it requires:** Of providers: sign the attestation if they receive payment under a State directed payment arrangement. Of the State: ensure an attestation is on file for each such provider and hold the set available to CMS on request; where a provider is unable or unwilling to attest, give CMS an explanation satisfactory to CMS. Frequency as noticed: yearly and once.
- **Source:** 42 CFR 438.6(c)(2)(ii)(H) (attestation), 42 CFR 433.68(f)(3) (hold harmless definition), as described in the notice's Information Collection section.
- **How its date is set:** By the payment arrangement: the attestation attaches to the directed payments themselves, on the yearly-and-once cadence the notice prints. This notice changes none of that.

### Card 3 · The burden on paper

- **What it is:** The revised estimate CMS now puts on the collection: 719 respondents; 6,243 total annual responses; 264,468 total annual hours. Hours per response run about 42 on the notice's own figures, which reads high for a signature unless the file-building and exception-explaining work is inside it.
- **What it requires:** Nothing of any respondent directly. These are the figures a comment can challenge: if the real staff time to gather, sign, file, and explain attestations differs from the estimate, that gap is the comment.
- **Source:** The notice's "Information Collection" section for CMS-10856.
- **How its date is set:** Annual figures, stated per year of the collection's approval period.

### Card 4 · The comment channel

- **What it is:** The open door on this item. Comments go to CMS referencing Document Identifier CMS-10856: through the Federal Rulemaking Portal at regulations.gov, under the CMS-10856 docket key, or by regular, express, or overnight mail to CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: CMS-10856 / OMB 0938-1453, Room C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

- **What it requires:** Receipt inside the window. The notice is plain that comments arriving after the deadline cannot be acted upon.
- **Source:** Federal Register Document 2026-23037, DATES and ADDRESSES sections.
- **How its date is set:** “Must be received within 60 days after the date of publication”: publication November 12, 2026, deadline January 11, 2027. The published issue prints the authoritative date when it appears.

## WHY IT MATTERS TO A STATE MEDICAID AGENCY

Managed care, and only managed care. To the extent a state’s managed care program runs State directed payments, this collection sits on the providers who sign the attestations and on the agency staff who hold the file. Hold harmless questions around health care-related taxes are a standing federal financing sensitivity, and this attestation is one of the instruments CMS polices them with.

Read plainly, the notice also says something about enforcement weather. CMS put this collection forward as a revision, named the exact paragraph, and kept the explain-each-exception term. CMS intends to keep asking for attestation files. States whose files are thin should expect the asking to reach them through the directed payment preprint process, where attestations surface, rather than through a new enforcement program. The file discipline is the whole ballgame: collect on cadence, hold the set ready, explain exceptions in writing. Nothing in this notice raises or lowers that bar.

The attestation duty itself runs uninterrupted through the paperwork cycle. It lives in the regulation, not in the paperwork approval, so comments, the 30-day notice, and the Office of Management and Budget’s action change the collection’s paperwork standing, not the duty.

## WHAT IT DOES NOT TOUCH

Provider enrollment and screening mechanics. No enrollment mechanic changes: not who must enroll, not screening levels or database checks, not disclosure duties, not the application fee, not revalidation, not moratoria, not denial and termination, and not payment withholding. No one should retool enrollment screening from a managed care paperwork item.

## THE ASSESSMENT

**Score: NO.** Tested against Medicaid provider enrollment, this notice changes no enrollment mechanic. Its subject is providers as directed-payment payees under a tax attestation duty, not providers as enrollees, and the form revised is a managed care

collection, not an enrollment-related form. A score of NO says nothing about the item's real-world weight; it says only that the enrollment rulebook is untouched. The item is summarized at this length because it lands squarely in managed care, where the attestation file is a live compliance duty.

## THE STATE LEVEL, LEVEL BY LEVEL

1. **Federal:** Paperwork only. The attestation duty at 438.6(c)(2)(ii)(H) and the hold harmless rule at 433.68(f)(3) stand unchanged. CMS is renewing its license to collect, with revised burden figures.
2. **State plan / state regulation:** Nothing. No state plan amendment, no regulation change, and no rate action follows from a federal collection notice.
3. **Agency leadership:** One decision, due January 11, 2027: comment or stay silent. A comment is worth filing only if it carries something concrete, most plausibly a state's own real burden in staff hours, or a workability problem in the explain-the-exception term. Silence costs nothing on the surface; the revised figures become the approved figures either way.
4. **Agency operations:** Within a state Medicaid agency, the managed care operation owns this item: any comment, and the standing attestation file discipline for directed payments. Provider enrollment operations own nothing here and should not re-point any screening or enrollment machinery at it.
5. **Unit operations:** If a state agency comments, the draft needs its managed care unit's actual hours: time to collect attestations per arrangement, chase late signers, and write exception explanations. Those numbers, not adjectives, are what move a burden estimate.
6. **Provider-facing:** No new duty and no new form reaches a provider from this notice. A provider already attesting for a directed payment keeps attesting on the same cadence.

## WHAT IS NOT SETTLED

- **The size of the change.** The notice prints the revised burden but not the currently approved collection's figures, so the size of the change cannot be computed from the notice alone. The supporting statement filed on the CMS Paperwork Reduction Act Listing for CMS-10856 carries the prior figures and the revision detail. Obtainable on request; not yet pulled.
- **What CMS does with the comments.** This settles when the 30-day notice to the Office of Management and Budget posts, in 2027.

- **Whether a state comments.** Each state Medicaid agency's call, on the January 11, 2027 deadline.
- **The final citation.** The Federal Register page citation settles when the notice publishes on November 12, 2026. This summary is written from the public inspection text.

## SOURCES

- Federal Register Document 2026-23037, public inspection text: https://public-inspection.federalregister.gov/2026-23037.pdf
- 42 CFR 438.6(c)(2)(ii)(H), the attestation requirement for State directed payments.
- 42 CFR 433.68(f)(3), the hold harmless definition for health care-related taxes.
- Document Identifier CMS-10856, OMB Control Number 0938-1453, "Medicaid Managed Care and Supporting Regulations."
- Comment routes and deadline as printed in the notice's DATES and ADDRESSES sections.

Agentic Armor LLC · Federal Register Summary, November 10, 2026. This summary is information, not legal advice. Figures are drawn from the public inspection text of Federal Register Document 2026-23037, named above.