

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 11/27/2020

Department of Health and Human Services
Centers for Medicare & Medicaid Services

FOR CERTIFYING OFFICIAL: Perryn Ashmore

FOR CLEARANCE OFFICER: Terry Clark

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received
04/15/2020

ACTION REQUESTED: New collection (Request for a new OMB Control Number)

TYPE OF REVIEW REQUESTED: Regular

ICR REFERENCE NUMBER: 202004-0938-003

AGENCY ICR TRACKING NUMBER: CM-CPC

TITLE: Applicable Integrated Plan Coverage Decision Letter (CMS-10716)

LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved with change

OMB CONTROL NUMBER: 0938-1386

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 11/30/2023

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	0	0	0
New	693	116	0
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	0
Change due to Agency Adjustment	693	116	0
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE:

OMB Authorizing Official: Paul Ray
Administrator,
Office Of Information And Regulatory Affairs

List of ICs

IC Title	Form No.	Form Name	CFR Citation
Applicable Integrated Plan Coverage Decision Letter	CMS-10716, CMS-10716	Integrated Coverage Decision Letter, Integrated Coverage Decision Letter (Spanish)	42 CFR 422.561 , 42 CFR 422.631