Response to public comments Medicaid Managed Care and Supporting Regulations

CMS-10108, OMB 0938-0920

In the March 17, 2026 Federal Register (91 FR 12810), CMS published an opportunity for the public to comment on CMS' intention to collect information as required by the Medicaid Managed Care and Supporting Regulations. The regulatory sections that support this collection of information request are set out in 42 CFR part 438 (Managed Care).

Summary of Public Comments and CMS' Response

Comment 1: One commenter recommended that CMS pivot from static annual spreadsheet submissions to structured API frameworks for the MLR and Network Adequacy and permitting encrypted, opt-in digital portals rather than printing paper handbooks for enrollees. This commenter also recommended that CMS require states to reference Medicaid enrollment databases against active federal labor, death, and disability registries, eliminating administrative "ghost records."

CMS Response: CMS appreciates these recommendations but is not revising the managed care regulations at this time. To clarify, state submissions of Managed Care Program Annual Reports, Medical Loss Ratio (MLR) summary reports, and Network Adequacy and Access Assurances Reports are required to be submitted to CMS via an electronic portal; spreadsheets are not accepted. At 42 CFR 438.10(c), CMS permits states (or their managed care plans) to provide information to enrollees electronically with certain limitations that acknowledge that electronic communication is not appropriate or effective for all enrollees. CMS believes paper documents should still be available to enrollees if they prefer or need them to facilitate maximum effectiveness. Lastly, CMS supports states' use of other databases to ensure accurate enrollment records; this is reflected in other applicable regulations and guidance.

Action(s) Taken: None; these recommendations do not impact the current burden estimates in the associated supporting statement.

Comment 2: One commenter suggested that CMS should also continue reviewing opportunities to reduce unnecessary duplication across federal and state reporting systems by prioritizing interoperability, automation, and technological modernization within the reporting process. The commenter also recommended that CMS continue balancing beneficiary protection objectives with practical implementation considerations that preserve flexibility and encourage sustainable provider participation.

CMS Response: CMS appreciates these recommendations and looks for feasible ways to reduce unnecessary duplication in required reporting. CMS has made several significant advances in the use of automation and technological solutions in recent years. For example, an electronic portal was created to enable states to submit three annual reports to CMS and the structure to add a fourth report is in development. Additionally, another submission portal was enhanced to accept a broader array of documents. These portals eliminate the need for emailed documents, enable data reporting, and provide efficient data storage and retrieval functionality. CMS is always mindful of balancing beneficiary protections and access to care with the challenges of building and maintaining managed care plan networks. We provide flexibility in requirements when feasible to ensure that states can reflect market variation and operational realities when developing and enforcing network adequacy standards.

A**ction(s) Taken:** None; these recommendations do not impact the current burden estimates in the associated supporting statement.

Comment 3: Three commenters made 24 varied suggestions or provided information on a wide variety of interoperability and electronic solutions.

Response: CMS appreciates these recommendations as improving interoperability and use of electronic processes is a priority as CMS moves outdated processes into the digital age, replacing fax machines and fragmented systems with real-time electronic workflows. CMS is standardizing processes, increasing transparency, and ensuring providers can focus on caring for patients instead of navigating inefficient processes. CMS published an Interoperability notice of proposed rulemaking on April 10, 2026 (https://www.federalregister.gov/public-inspection/2026-07205/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-interoperability-standards.) Two prior final rules on Interoperability and process improvements were published February 2024 (https://www.federalregister.gov/documents/2024/02/08/2024-00895/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-advancing-interoperability#p-1413) and May 2020 (https://www.federalregister.gov/documents/2020/05/01/2020-05050/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-interoperability-and.)

Actions Taken: None; these recommendations do not impact the current burden estimates in the associated supporting statement.