



MEMORANDUM

To: Hon. Robert F. Kennedy, Jr., Secretary of Health and Human Services
Hon. Mehmet Oz, MD, Administrator, Centers for Medicare and Medicaid Services

From: Andrew Langer, President, Main Street Foundation

Date: May 18, 2026

Re: Comments on the Department of Health and Human Services Centers for Medicare and Medicaid Services Information Collection Request, “CMS-10108 (Medicaid Managed Care and Supporting Regulations),” Docket #CMS-2026-1057, Published March 17, 2026

Below are comments of the Main Street Foundation’s Center for Regulatory Analysis and Engagement (CRAE) in response to the Department of Health and Human Services Centers for Medicare and Medicaid Services Information Collection Request, “CMS-10108 (Medicaid Managed Care and Supporting Regulations),” Docket #CMS-2026-1057, published March 17, 2026.

CRAE is a project of the Main Street Foundation, a recently-formed non-profit, non-partisan 501(c)(3) research and education foundation. Our mission is to bring a disciplined, common-sense perspective to the regulatory process, one grounded in real-world experience, sound science, and rigorous economic analysis. We work to ensure that the costs, risks, and benefits of regulatory proposals are evaluated transparently and accurately, and that the voices, interests, and freedoms of Americans, particularly small businesses and working families, are meaningfully represented in regulatory debates. Above all, we focus on outcomes: regulations should address real problems, function effectively in practice, and improve conditions on the ground—not exacerbate the challenges they are intended to solve.

The Center for Regulatory Analysis and Engagement respectfully submits these comments regarding CMS–10108, the proposed extension of the information collection associated with Medicaid managed care and supporting regulations under 42 CFR Part 438. We appreciate the opportunity to provide input regarding the continued operation of these reporting and disclosure requirements. Effective oversight, transparency, and program integrity remain important

objectives within Medicaid managed care administration, and CMS appropriately requires reliable information to support program monitoring and policy development.

The reporting systems addressed in this collection—including the Managed Care Program Annual Report (MCPAR), Medical Loss Ratio (MLR) Reporting Template, and Network Adequacy and Access Assurances Tool—play an important role in supporting federal and state oversight responsibilities. Standardized reporting can improve transparency, facilitate compliance review, and help CMS evaluate access, quality, fiscal stewardship, and operational performance across increasingly complex managed care markets. Maintaining consistent and administrable reporting frameworks is therefore an important component of long-term Medicaid program governance.

At the same time, reporting systems are not merely passive administrative mechanisms. Information collection obligations materially shape how managed care organizations, providers, and state agencies allocate personnel, financial resources, technological investments, and operational attention. As reporting structures become more extensive and procedurally layered over time, the cumulative administrative burden associated with compliance may itself affect healthcare affordability, market participation, and operational flexibility throughout the Medicaid managed care system.

The burden estimates associated with this collection underscore the importance of continuing scrutiny regarding reporting efficiency and practical utility. CMS estimates more than 15 million annual responses and approximately 1.85 million annual burden hours associated with this collection. These are substantial administrative obligations affecting states, managed care organizations, providers, and related entities. Particularly in an environment of rising healthcare costs and growing administrative complexity, CMS should continue evaluating whether existing reporting requirements remain appropriately calibrated to their intended oversight objectives.

CMS should also continue reviewing opportunities to reduce unnecessary duplication across federal and state reporting systems. Medicaid managed care organizations frequently operate within overlapping compliance environments involving state-specific requirements, federal reporting obligations, accreditation standards, contractual documentation requirements, and additional sub-regulatory guidance. Overlapping or redundant reporting structures may increase administrative expenditures without necessarily improving oversight quality or beneficiary outcomes. Periodic reassessment of reporting utility and duplication can therefore strengthen both regulatory efficiency and program administration.

The agency should likewise continue prioritizing interoperability, automation, and technological modernization within the reporting process. Standardized electronic submission systems, interoperable reporting architectures, and automated data population tools may help reduce manual administrative workload while simultaneously improving reporting consistency and accuracy. The Paperwork Reduction Act appropriately encourages agencies to minimize collection burdens through modern information technology, and CMS should continue pursuing modernization strategies that improve administrative efficiency for both regulators and regulated entities.

In evaluating future reporting refinements, CMS should also remain attentive to the distinction between actionable oversight information and sheer reporting volume. Effective program oversight depends not simply on collecting more information, but on collecting information that is usable, targeted, comprehensible, and operationally meaningful. Excessively expansive

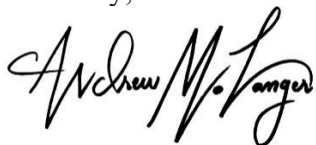
reporting systems may unintentionally dilute oversight effectiveness by overwhelming administrators with large quantities of low-value or duplicative information. Prioritizing clarity, usability, and measurable oversight outcomes can strengthen long-term program administration.

The network adequacy and access assurance components of this collection similarly require ongoing operational flexibility. Medicaid managed care markets vary substantially across urban, suburban, rural, and underserved regions, and provider availability often differs significantly across geographic and specialty categories. Rigid reporting metrics or overly prescriptive access frameworks may fail to account for legitimate market variation and operational realities. CMS should therefore continue balancing beneficiary protection objectives with practical implementation considerations that preserve flexibility and encourage sustainable provider participation.

Administrative burdens may also have important competitive implications within Medicaid managed care markets. Larger organizations frequently possess greater internal compliance infrastructure and administrative capacity, while smaller or regional participants may face proportionally higher reporting costs relative to available resources. Over time, cumulative compliance complexity may contribute to consolidation pressures, reduce market participation, and limit competitive dynamism within managed care markets. These secondary economic effects deserve consideration when evaluating the long-term structure and scale of federal reporting obligations.

Ultimately, durable Medicaid managed care oversight depends not merely on expanding reporting volume, but on maintaining a framework that is practical, interoperable, proportionate, technologically administrable, economically realistic, and capable of supporting long-term patient access, market stability, and healthcare affordability. CMS should continue pursuing oversight systems that preserve transparency and accountability while remaining attentive to cumulative administrative burden, operational realities, and the broader economic effects of regulatory complexity within the healthcare system.

Sincerely,

A handwritten signature in black ink that reads "Andrew M. Langer". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Andrew M. Langer
President
Main Street Foundation