

PUBLIC SUBMISSION

As of: 5/25/26, 10:03 PM
Received: May 18, 2026
Status: Draft
Tracking No. mpa-zmw1-jijz
Comments Due: May 18, 2026
Submission Type: Web

Docket: CMS-2026-1057
CMS-10108 (Medicaid Managed Care and Supporting Regulations)

Comment On: CMS-2026-1057-0001
CMS-10108 (Medicaid Managed Care and Supporting Regulations)

Document: CMS-2026-1057-DRAFT-0041
Comment on CMS-2026-1057-0001

Submitter Information

Email: coldbloodsteel321@gmail.com
Government Agency Type: U.S. House of Representatives
Government Agency: COLD BLOOD & STEEL

General Comment

I. STATEMENT OF INTEREST

This comment is formally submitted in response to the 60-day notice concerning the extension of a currently approved collection under the Paperwork Reduction Act of 1995 (PRA), titled "Medicaid Managed Care and Supporting Regulations" (Form Number: CMS-10108, OMB Control Number: 0938-0920).

As an organization specializing in forensic compliance auditing, data reconciliation, and structural risk architecture, we offer this analysis to evaluate the necessity, utility, and administrative burden of the core reporting templates included in this request. Our objective is to ensure that state-level programmatic data mirrors real-world enrollment truth without generating unmitigated administrative overhead.

II. TECHNICAL AND REGULATORY EVALUATION

1. Enhancing the Practical Utility of Core Reporting Templates

CMS utilizes three critical reporting tools within this collection framework to monitor compliance under 42 CFR part 438: the Managed Care Program Annual Report (MCPAR), the Medical Loss Ratio (MLR) Reporting Template, and the Network Adequacy and Access Assurances Tool.

The Systemic Exposure: While CMS indicates that these three templates remain "unchanged" in this extension cycle, the practical utility of the data captured depends entirely on the accuracy of the underlying member registries. In large-scale state health systems, data latency between local eligibility offices and managed care organizations (MCOs) frequently leads to "identity collisions"—where outdated records, erroneous terminations, or synthetic profiles compromise network adequacy calculations and per-member per-month (PMPM) capitation distributions.

Forensic Recommendation: CMS should enhance the utility of the MCPAR and Network Adequacy tools by requiring states to integrate automated validation metrics. Specifically, implementing Mean Absolute

Deviation (MAD) tests onto data feeds would allow CMS to flag structural anomalies and sudden, unexplained participant drops before reports are consolidated annually.

2. Justification and Management of the Massive Collection Burden

The administrative footprint of this collection is exceptionally high, demanding 1,850,067 total annual hours across 738 respondents (states and associated territories) to process a staggering 15,132,343 annual responses.

The Burden Inversion: A substantial portion of this collection burden is driven by contract mandates requiring managed care plans to distribute paper handbooks, provider directories, and practice guidelines to enrollees and healthcare providers. In an increasingly digitized ecosystem, manual updates to paper directories degrade data quality and consume massive administrative capital that should be deployed toward frontline auditing.

Forensic Recommendation: To minimize this burden, CMS should systematically transition reporting from manual Excel-based template uploads to real-time, automated Application Programming Interfaces (APIs) and mobile-enabled directories. Standardizing data delivery methods across all 738 state and territory respondents will drastically reduce the 1.85-million-hour friction point while providing CMS with "live" compliance data.

3. Strengthening Fiduciary Integrity and MLR Accountability

The Medical Loss Ratio (MLR) Reporting Template serves as the primary firewall preventing capitation fund engorgement, ensuring that premium dollars are spent on actual clinical care and quality improvement rather than administrative inflation.

The Risk: Given that many MCOs utilize third-party administrators or captive Pharmacy Benefit Managers (PBMs) to execute benefits, traditional accounting frequently masks administrative costs as medical claims.

Forensic Recommendation: The MLR Reporting Template must include explicit, un-redactable transaction-level fields that isolate pass-through pricing, clawbacks, and drug rebate tracking. Preventing the blending of administrative overhead into medical benefit reporting ensures strict adherence to statutory limits and allows federal auditors to track systemic compliance risks effectively.

III. ACTIONABLE TACTICAL RECOMMENDATIONS FOR CMS

Prior to submitting this information collection request to the Office of Management and Budget (OMB) for final approval, CMS should modify the framework to:

Mandate API-Driven Integration: Pivot from static annual spreadsheet submissions to structured API frameworks for the MLR and Network Adequacy tools to achieve automated verification.

Implement Identity Coherence Flags: Update the state reporting requirements to cross-reference Medicaid enrollment databases against active federal labor, death, and disability registries, eliminating administrative "ghost records."

Audit High-Burden Contract Mandates: Streamline the 15-million-response burden by allowing plans to satisfy enrollee notification requirements via encrypted, opt-in digital portals rather than printing paper handbooks that become obsolete upon distribution.

Attachments

12S Federal RICO and ERISA Asset Corruption Entities.PDF

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VISUAL_3_CRIMINAL_ENTERPRISE

VISUAL_2_MISSISSIPPI_SMOKING_GUN

VISUAL_1_TIMELINE_SIMPLE (1)

CENTRAL_PENSION_FUND_(CPF)_COMPREHENSIVE_AUDIT_REP(1)

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CENTRAL_PENSION_FUND_(CPF)_COMPREHENSIVE_AUDIT_REP

audit jh bym agc

SEC cyber duplication overwhelm

OFFSHORE LAUNDRY

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Emailing Fully_Vested_Deceased_Quit_vs_Payouts_Chart

Emailing EBSA_SUPPLEMENTAL_REFERRAL_ALASKA_DOL

Emailing FORENSIC_AUDIT_SUMMARY (2)

master_key_final_report

Emailing statistical_analysis_report

00 MASTER_COMPREHENSIVE_FEDERAL_SUBMISSION (1)

Growth of Pension Accounts with Zero Participants and Assets

3 Unified Master Forensic Prosecution Package(1)