CENTER FOR REGULATORY ANALYSIS AND ENGAGEMENT

A Project of the Main Street Foundation

M E M O R A N D U M

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, "Good Cause Processes (CMS-10544)," Docket #CMS-2026-1090, Fed. Reg. 2026-05217, Published March 16, 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, "Good Cause Processes (CMS-10544)," Docket #CMS-2026-1090, Fed. Reg. 2026-05217, published March 16, 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 ("CRAE"), a project of the Main Street Foundation, appreciates the opportunity to comment on CMS's proposed reinstatement without change of the information collection associated with "Good Cause Processes," CMS–10544. The good-cause reinstatement framework serves an important role in preserving continuity of coverage for Medicare Advantage and Part D beneficiaries who experience temporary disruptions caused by circumstances outside their control. Maintaining a workable and

administrable reinstatement pathway helps support both patient stability and broader program integrity.

The underlying statutory and regulatory framework appropriately recognizes that beneficiaries may encounter unforeseen events that impair their ability to make timely premium payments. Unexpected hospitalization, medical emergencies, cognitive impairment, caregiver disruption, natural disasters, or other temporary crises may interfere with routine administrative obligations even where beneficiaries fully intend to maintain coverage. A properly functioning good-cause process helps ensure that inadvertent lapses do not unnecessarily disrupt access to care, prescription drugs, or ongoing treatment relationships.

The continuation of these protections is particularly important given the demographic characteristics of many affected beneficiaries. Medicare populations frequently include individuals managing chronic illness, disability, limited mobility, or complex medication regimens. Administrative disruptions that result in loss of coverage may impose downstream consequences that extend well beyond temporary enrollment status, including treatment interruptions, medication nonadherence, and increased healthcare instability. CMS is therefore correct to preserve mechanisms that allow for equitable reinstatement where good cause exists.

At the same time, the Paperwork Reduction Act appropriately requires agencies to ensure that information collections remain necessary, practical, and proportionate to their intended objectives. The collection associated with good-cause reinstatement should remain narrowly tailored to obtaining only the information reasonably necessary to evaluate eligibility for reinstatement. CMS should continue emphasizing practical utility and burden minimization when overseeing implementation of these requirements by plans and administrative contractors.

CRAE encourages CMS to remain attentive to the risk that documentation requirements may become unnecessarily complex or difficult for vulnerable beneficiaries to satisfy. Individuals seeking reinstatement are often doing so during periods of medical, financial, or personal instability. Excessively rigid evidentiary expectations, duplicative requests for records, or unclear submission standards may inadvertently transform the process from a safeguard into an administrative barrier. The good-cause framework functions most effectively when it remains accessible, understandable, and operationally realistic.

Similarly, CMS should continue working to ensure that Medicare Advantage organizations and Part D sponsors apply reinstatement standards consistently and transparently. Significant variation in documentation expectations, review timelines, or procedural requirements across plans may create confusion for beneficiaries and increase administrative burdens for all parties involved. Greater standardization can improve predictability, reduce unnecessary appeals or disputes, and strengthen confidence in the fairness of the reinstatement process.

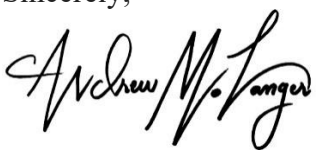
CMS should also continue encouraging the use of modernized and flexible submission mechanisms where feasible. Beneficiaries and caregivers should be permitted to provide supporting documentation electronically, telephonically, or through other administratively efficient methods when appropriate. Allowing multiple submission pathways can reduce delays, improve accessibility, and minimize avoidable paperwork burdens while still preserving adequate program oversight and documentation integrity.

In addition, CMS should remain attentive to the cumulative burden imposed on healthcare providers, caregivers, and family members who may assist beneficiaries during reinstatement requests. Providers and caregivers are frequently asked to supply supporting information during periods of medical urgency or operational strain. Information requests should therefore remain proportional and limited to materials directly relevant to evaluating the existence of good cause.

CRAE further encourages CMS to periodically review whether the existing burden estimates accurately reflect real-world administrative experience. Information collections that appear manageable on paper may, in practice, require substantially greater time, coordination, or follow-up activity for beneficiaries and plans alike. Continued monitoring of operational outcomes can help CMS identify opportunities to streamline procedures, improve clarity, and reduce unnecessary administrative friction over time.

Thank you again for the opportunity to comment on this proposed information collection. CRAE supports the continuation of appropriately tailored good-cause reinstatement protections that preserve continuity of coverage while minimizing unnecessary administrative burden. Durable Medicare administrative policy depends not merely on maintaining procedural safeguards, but on ensuring that those safeguards remain transparent, proportionate, administrable, and realistically accessible to the beneficiaries they are intended to protect.

Sincerely,



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