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General Comment

See attached file(s)
I. STATEMENT OF INTEREST & COMPETENCEThis comment is formally submitted in response to the 60-day notice concerning the reinstatement without change of the information collection titled "Good Cause Processes" (Form Number: CMS-10544, OMB Control Number: 0938-1271). As an organization specializing in high-level forensic data analysis, operational risk architecture, and systemic compliance auditing, we review this information collection tool through the lens of data integrity, internal tracking controls, and administrative accountability.Our focus is on ensuring that the processes governing involuntary disenrollment and subsequent "good cause" reinstatements are structurally equipped to handle severe, unexpected disruptions without penalizing vulnerable plan participants due to rigid or flawed automated workflows. II. ANALYSIS OF THE INFORMATION COLLECTION'S PROPER PERFORMANCE & UTILITYUnder the Paperwork Reduction Act of 1995 (PRA), federal agencies must evaluate whether a proposed collection of information is necessary for the proper performance of the agency's functions, including whether the information has practical utility. 1. Tracking Unforeseeable Vulnerabilities vs. Automated DisenrollmentThe Good Cause Process operates under the statutory authority of Sections 1851(g)(3)(B)(i) and 1860D-1(b)(1)(B)(v) of the Act, allowing Medicare Advantage (MA) organizations and Part D plan sponsors to terminate enrollment for individuals who fail to pay basic and supplemental premiums after a mandatory grace period. The Systemic Vulnerability: CMS recognizes that involuntary disenrollment can be triggered by circumstances entirely outside a beneficiary's control, such as an unexpected, prolonged hospitalization. However, the collection mechanics of CMS-10544 must account for the fact that when a participant is incapacitated, their administrative capability drops to zero. Data Utility Improvement: CMS must ensure that the "Good Cause" data capture includes clear fields for retroactively matching hospital admission logs and emergency medical dispatch records against the automated plan termination timestamp. This prevents a "zero mortality" or administrative ghosting error where an active, hospitalized patient is scrubbed from active rosters due to a non-payment loop that occurred while they were incapacitated.2. Auditing the Scale of Involuntary DisenrollmentThe notice outlines an immense collection burden, citing 54,789 respondents and an identical 54,789 total annual responses, consuming 36,490 total annual hours. The Structural Flag: The fact that nearly 55,000 individuals annually must navigate the "Good Cause" process to restore interrupted coverage points to a wider system latency. A high volume of reinstatements implies that the initial "grace periods" established by plan sponsors may lack the predictive data-matching capabilities required to identify high-risk individuals before termination occurs. Forensic Recommendation: CMS should use the information collected via CMS-10544 not merely as a case-by-case processing mechanism, but as a master audit ledger. By analyzing the common denominators behind these 54,789

cases—using statistical indicators like Mean Absolute Deviation (MAD)—CMS can identify specific plan sponsors or regional variations displaying an anomalous, aggressive surge in involuntary disenrollments. 3. Shifting Burden and Ensuring Information Technology IntegrityThe SORN notes that while the process was initially carried out exclusively by CMS, the verification framework requires extensive data sharing between beneficiaries, private plan sponsors, and third-party healthcare systems. The Risk: In the transition of data between private sector commercial entities (Part C and D sponsors) and federal oversight databases, information latency frequently occurs. If a beneficiary submits a valid "Good Cause" request but the sponsor's internal system fails to halt the disenrollment cascade, the participant suffers an immediate, illegal interruption in life-sustaining coverage.Enhancement of Quality and Clarity: CMS must mandate that the collection technique utilize real-time, automated electronic acknowledgments. The moment a "Good Cause" re-application worksheet is generated or a verbal dispute is logged, an administrative stay must be automatically bolted to the participant's record across all federal health databases, neutralizing further automated disenrollment scripts until a formal determination is made. III. CONCLUSION & TACTICAL RECOMMENDATIONSTo maximize the utility and accuracy of the CMS-10544 information collection tool, CMS should incorporate the following adjustments prior to seeking final OMB renewal: Incorporate Cross-Agency Verification Fields: Allow the form to securely ingest verified medical necessity data, emergency room admission logs, and state-level disability status directly, reducing the paper burden on the affected household.

Attachments

1 dad Chronology- Phase I (2019 - 2024 - Denial and Disc...

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0 LITIGATIONHOLD

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Gmail - GAO's acknowledgement of your request

Gmail - GAO submission COMP-25-008559

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