February 20, 2026

Mehmet Oz, MD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201
Submitted electronically via www.regulations.gov

RE: Advance Notice of Methodological Changes for Calendar Year (CY) 2027 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (CMS-2026-0034)

Dear Administrator Oz,

The Alliance of Specialty Medicine (the "Alliance") represents more than 100,000 specialty physicians across 15 specialty and subspecialty societies who are committed to improving access to specialty medical care by advancing sound health policy. On behalf of the undersigned members, we appreciate the opportunity to comment on the aforementioned Advance Notice.

Section L. Sources of Diagnoses for Risk Score Calculation

The Alliance appreciates and strongly supports CMS' proposal to exclude diagnoses from unlinked chart review records from the calculation of risk scores for beneficiaries enrolled in Medicare Advantage (MA) plans. As we have shared in prior comments, MA plans have a long history of mischaracterizing plan-initiated medical record requests as mandatory CMS-initiated Risk Adjustment Data Validation (RADV) audits, even though these requests are commonly used to identify additional diagnosis codes that increase MA risk scores and corresponding Medicare payments. Of particular concern, specialty physician practices have reported being pressured to comply with these requests and to incorporate diagnoses identified by the plan into the medical record, or potentially face adverse consequences such as reduced payment rates or exclusion from MA plan networks.

While we are encouraged that excluding diagnoses from unlinked chart review records will reduce MA plans' use of these tactics, we continue to have concerns that warrant CMS' ongoing oversight. As CMS is aware, MA plans have invested heavily in health risk assessment activities and chart review and auditing functions designed to identify diagnoses for risk adjustment purposes. As CMS' policies are implemented, plans may seek to adapt these existing programs, including by focusing on diagnoses that remain risk adjustment-eligible under the CMS-HCC v28 model. Accordingly, MA plans may continue to use health risk assessments or chart review findings to identify potential diagnoses and transmit those findings to network providers, encouraging their incorporation into encounter-linked claims, with similar pressures and consequences for specialty physician practices.

In light of this potential risk, the Alliance encourages CMS to continue oversight efforts. Toward that end, ***we reiterate prior Alliance recommendations that CMS require MA organizations to:***

- ***Follow a standardized process for all medical record requests;***
- ***Clearly identify the nature of their medical record request (e.g., RADV, other purpose, etc.) and provide written documentation when requests are mandated as part of CMS-initiated audits;***

- ***Provide reasonable deadlines for medical record submissions, as well as a process for extending the submission deadline for extenuating circumstances;***
- ***Limit the number and volume of medical record requests (e.g., no more than once per year and no more than 20 records per physician);***
- ***Allow practices to submit medical records through a secure web portal, on CD/DVD, or by fax when possible; and***
- ***Reimburse practices for completing medical record requests at a rate no less than is set under State law.***

Section H. Efforts to Simplify and Refocus the Measure Set to Improve the Impact of the Star Ratings Program

We appreciate that CMS is again soliciting feedback on new measures or measurement concepts intended to discourage unnecessary, inappropriate, or low-value care, as well as measures related to medical errors or misdiagnoses. However, we are disappointed that the proposed measure concepts do not include measures that directly address ongoing challenges with beneficiary access to care.

As we have shared in prior comments, MA plans continue to report significant access challenges driven by network adequacy issues, utilization management practices, and administrative burdens that are not adequately reflected in the current Star Ratings program. We have previously encouraged CMS to adopt additional measures to address these challenges and urge the Agency to reconsider these recommendations in the current or a future rulemaking cycle. We reiterate those suggested measures below:

- ***Establish a star measure awarding points to MA plans that maintain an adequate network of specialty and subspecialty physicians***, to address the issues highlighted in the sections above.
- ***Establish a star measure based on a survey of physicians' experiences with MA plans***, as CMS has previously suggested, which could be developed in collaboration with the Alliance and other professional associations. Survey questions should focus on the following:
    - Network adequacy, including the accuracy of physician directories and physician termination and reinstatement practices;
    - Payment and reimbursement practices, including the sufficiency of payment rates, the volume of denials and post-payment medical reviews, and other tactics that deny or slow payment after services are rendered;
    - Utilization management, including prior authorization practices, step-therapy requirements, non-medical switching of medications, and other administrative barriers that inappropriately diminish or slow beneficiary access to medically necessary diagnostic and therapeutic services and treatment; and,
    - Other administrative burdens, including the number and type of medical record documentation requests.

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We appreciate the opportunity to provide feedback on the Advance Notice. Should you have any questions or would like to meet with the Alliance to discuss these recommendations further, please contact us at info@specialtydocs.org.

Sincerely,

American Academy of Facial Plastic & Reconstructive Surgery
American Academy of Otolaryngology-Head and Neck Surgery
American Association of Neurological Surgeons
American College of Mohs Surgery
American Gastroenterological Association
American Society of Cataract and Refractive Surgery
American Society for Dermatologic Surgery Association

American Society of Echocardiography
American Society of Plastic Surgeons
American Society of Retina Specialists
Coalition of State Rheumatology Organizations
Congress of Neurological Surgeons
National Association of Spine Specialists
The Society of Interventional Radiology