

January 26, 2026

Mehmet Oz, M.D., M.B.A.
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Contract Year 2027 Policy and Technical Changes to the Medicare Advantage Part C Program (CMS-4212-P) and Request for Information (RFI) on Potential Improvements to Medicare Advantage

Dear Administrator Oz:

As the leading authority on oral health in the United States, the American Dental Association (ADA), appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed rule, "Contract Year 2027 Policy and Technical Changes to the Medicare Advantage Part C Program" (CMS-4212-P) as well as the RFI on how to improve the Medicare Advantage program.

The ADA supports policies that advance access to high-quality, affordable dental care and promote transparency in healthcare delivery. This proposed rule addresses critical areas impacting Medicare Advantage (MA) beneficiaries and their oral health, including network adequacy, star rating determinations, special enrollment periods, and notifications to beneficiaries about their supplemental benefits. We commend CMS for its ongoing commitment to improving beneficiaries' and providers' experience, and stopping waste, fraud, and abuse within the system. We are pleased to provide our perspective on specific provisions of this rule that intersect with oral health care, patient access, and better outcomes.

Exceptions for Plan Reporting

CMS stated it is seeking comment on current reporting processes and data collections to identify specific areas where requirements can be simplified, consolidated, or eliminated while maintaining program integrity and beneficiary protections. The areas in which the Administration is seeking comment include network adequacy, medical loss ratio (MLR) reporting, and supplemental benefit usage and utilization data reporting. The ADA appreciates the opportunity to comment on the Trump Administration's proposal seeking input on simplifying, consolidating, or eliminating certain Medicare Advantage (MA) reporting requirements.

While the ADA supports efforts to reduce administrative burden, **we strongly oppose any changes that would weaken program integrity, diminish beneficiary protections, or further allow fraud, waste, or abuse in the delivery of supplemental dental benefits.** Weak reporting, particularly with respect to network adequacy standards and Medical Loss Ratio (MLR) reporting for supplemental dental benefits, will deprive beneficiaries of the full "bill of goods" they were sold when selecting an MA plan. This is critically important

because 52% of patients choose their MA plan based on the supplemental dental benefits that are advertised,¹ Without assurance that patients are receiving an adequate network or having most of their premium dollars go toward their care, plans will not be properly incentivized to provide meaningful access to care.

The ADA has significant concerns if current network adequacy reporting requirements were reduced or eliminated for supplemental dental benefits, given that there is evidence to suggest that “ghost networks” or “ghost providers” are currently rampant within the Medicare Advantage space. A 2025 analysis concluded that 40% of 432,146 advertised in-network providers within one or more of the 3,659 Medicare Advantage plans were considered “ghosts” or part of a “ghost network”, as these providers had billed fewer than 11 total Medicare Advantage beneficiaries in that network within a year.² Furthermore, another study has shown that current Medicare Advantage supplemental dental benefits do not elevate dental care access for its beneficiaries when compared with traditional Medicare beneficiaries who have no dental benefit.³ Both data analyses suggest that these plans are not providing increased access, which can be partially attributed to restrictive networks and/or high out-of-pocket costs.

Finally, the ADA strongly opposes any reduction in MLR reporting requirements related to supplemental dental benefits. Supplemental dental coverage is a primary factor influencing beneficiary enrollment decisions in Medicare Advantage plans. Excluding these benefits from MLR calculations undermines transparency and creates the risk that beneficiaries do not receive their fair share of plan resources devoted to dental care. Robust MLR reporting for supplemental dental benefits is essential to ensure accountability, promote value, and protect beneficiaries from plans that prioritize keeping rebate dollars for profit over providing meaningful access to care.

Network Adequacy Exceptions

The American Dental Association strongly opposes any policy change that would further permit network adequacy exceptions for Medicare Advantage (MA) plans’ supplemental dental benefits, especially as we believe that CMS enforcement of network adequacy for dental services across all insurance types remains inconsistent and insufficient. Present Medicare Advantage network adequacy standards for supplemental dental benefits lack clear, minimum thresholds tying network adequacy to key access metrics beyond simple time-and-distance metrics. Rather the ADA believes a robust network adequacy definition should be adopted and explicitly include meaningful criteria such as *geographic availability*, *appointment wait times*, *travel distance and time*, *diversity of provider types* (e.g., oral surgeons, endodontists, periodontists, prosthodontists), and *utilization statistics* such as the percentage of beneficiaries receiving preventive dental exams reported at procedure levels (e.g., CDT codes D0120, D0145, D0150). Without these elements, directories may list providers who, on paper, appear accessible but, in practice, offer little to no capacity for actual patient care. Allowing broader exceptions would further weaken networks at the very time seniors need strong guarantees and reliability with their dental coverage.

¹ Deft Research (2024). Medicare Age-in Study

² Hamer M, Smith R. *What you see isn't what you get: Prevalence and exposure to ghost networks in Medicare Advantage*. Paper presented at: APPAM Fall Research Conference; November 15, 2025; Seattle, WA. Presented at: Expanding coverage, ensuring access: Challenges in public insurance. Accessed January 2026.
https://convention2.allacademic.com/one/appam/appam25/index.php?program_focus=view_paper&selected_paper_id=2260022&cmd=online_program_direct_link&sub_action=online_program

³ Simon L, Cai C. Dental Use and Spending in Medicare Advantage and Traditional Medicare, 2010-2021. *JAMA Netw Open*. 2024;7(2):e240401. doi:10.1001/jamanetworkopen.2024.0401

STAR Quality Ratings

The ADA urges CMS to apply Medicare Advantage (MA) Star Ratings to supplemental dental benefits consistent with CMS's existing statutory authority to evaluate plan quality, beneficiary experience, and access to care under section 1853(o) of the Social Security Act. CMS already uses the Star Ratings program to assess plan performance across clinical quality, care coordination, access, and beneficiary satisfaction, and supplemental dental benefits increasingly play a central role in beneficiary enrollment decisions and plan marketing. Applying Star Ratings to supplemental dental benefits would align with CMS's aim to ensure that MA plans deliver high-quality care and protect beneficiaries from misleading benefit designs that may appear generous but provide limited real-world access or utilization.

The ADA further requests that any measures, beyond customer satisfaction and wait time for appointments, used to evaluate supplemental dental benefits within the Star Ratings program be limited to Dental Quality Alliance (DQA)–endorsed measures, which are evidence-based, clinically appropriate, and developed through a transparent, consensus-driven process. CMS has long relied on nationally recognized, consensus-based quality measures when implementing the Star Ratings program, and the DQA serves as the only recognized authority for dental quality measurement. Using DQA measures would ensure statutory consistency, avoid duplicative or unvalidated metrics, and accurately capture meaningful aspects of oral health care delivery. Aligning supplemental dental Star Ratings measures with DQA standards would strengthen program integrity, support quality improvement, and ensure that CMS's evaluation of dental benefits reflects both beneficiary needs and clinical best practices.

Notification of Supplemental Benefit Utilization

The American Dental Association opposes the proposed rescission of previous rulemaking requiring MA plan sponsors to provide mid-year notifications of unused supplemental benefits to MA beneficiaries. Evidence shows that many Medicare Advantage enrollees do not fully understand which supplemental benefits they have available or how much of those benefits remain during the plan year, resulting in underutilization of covered services. A Commonwealth Fund survey found that approximately 80% of Medicare Advantage enrollees want to receive notifications about unused benefits, and many indicated that such reminders would help them better plan care and use benefits they otherwise might not realize were available.⁴ Increasing awareness through standardized mid-year notifications would help beneficiaries take timely action to schedule dental and other supplemental services before benefits expire, thereby reducing forgone care due to information gaps rather than lack of coverage.

⁴ Commonwealth Fund. *Could Notifications Help Medicare Advantage Beneficiaries Utilize Their Unused Benefits?* Published April 10, 2025. Accessed January 2026. <https://www.commonwealthfund.org/blog/2025/could-notifications-help-medicare-advantage-beneficiaries-utilize-their-unused-benefits>

REQUEST FOR INFORMATION ON IMPROVING MEDICARE ADVANTAGE

Removing Waiver of Liability Requirements Imposed by Medicare Advantage Plans for Dental Claim Appeals

Some Medicare Advantage plan sponsors are imposing onerous restrictions on dentists that should only be reserved for providers providing core Part B services under both traditional Medicare and Medicare Advantage. One of these restrictions is only allowing dentists to participate in the appeal of a claim denial under a supplemental benefit if they sign a Waiver of Liability agreement. This agreement states that if a dentist pursues the appeal and the claim denial is upheld on appeal, then the dentist is unable to collect the remaining balance from the patient.

Currently, this type of arrangement is onerous for a supplemental benefit and discourages dentists from assisting their patients during an appeal of a claim. Because of the interference with the dentist-patient relationship, these agreements should not be used when providing Medicare Advantage supplemental dental benefits. In fact, the agreements only assist Medicare Advantage plans in saving costs while not providing a promised supplemental benefit they agreed to provide to consumers.

ADA requests that CMS provide guidance to Medicare Advantage plans that Waivers of Liability should not be used with supplemental dental benefits. Doing so will ensure that Medicare Advantage beneficiaries will be able to fully utilize their promised supplemental benefits and not interfere in a dentist's ability to assist their patients in an appeal of a claim denial.

Requiring Plans to Automate Administrative Dental Transactions

Today, many Medicare Advantage plans require dental offices to rely on burdensome manual processes, such as proprietary web portals, phone calls, or fax, to verify eligibility, confirm benefits, and receive referrals for patients with supplemental dental coverage. These challenges are exacerbated by substantial variation in coverage and cost-sharing for supplemental dental benefits, even among plans operating within the same geographic area.

According to the 2024 CAQH Index, dental practices could save up to \$580 million nationally each year on eligibility and benefit verification alone by transitioning fully from manual and portal-based processes to standardized electronic transactions.¹ To address these inefficiencies, the **ADA urges CMS to require Medicare Advantage plans to automate dental administrative transactions in a manner consistent with expectations for medical and pharmacy services.** At a minimum, MA plans should be required to support standardized electronic eligibility and benefit verification and related dental transactions. Doing so would enable dental practices to accept medical referrals electronically, accurately confirm dental benefits in real time, and reduce delays, fragmentation, and administrative complexity that frequently impede timely patient care.

The ADA appreciates the opportunity to provide feedback and commends CMS for its commitment to improving Medicare Advantage for both patients and providers. We urge CMS to carefully consider the ADA's recommendations, particularly regarding Medicare Advantage reporting, granting network adequacy exceptions, and STAR Quality Ratings.

Thank you for your attention to these issues. To facilitate further discussion, please contact David Linn, Director of Federal Affairs, at linnd@ada.org.

Sincerely,

/s/

Richard Rosato, D.D.S.
President

/s/

Elizabeth Shapiro, D.D.S., J.D., C.A.E.
Interim Executive Director