

January 26, 2026

Mehmet Oz, MD  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-4212-P  
P.O. Box 8013  
Baltimore, MD 21244-8013

*Submitted electronically via regulations.gov*

### **Executive Summary**

We recommend that CMS focus on the following areas that offer ample room for innovation:

- **Narrow Networks:** AAOS is deeply concerned that limited physician networks have an outsized and harmful impact on MA beneficiaries diagnosed with rare diseases. Our members have raised concerns of cases where sarcoma patients are unable to access hyper-specialized orthopaedic oncologists because they are not in-network with the beneficiary's MA plan. Under such circumstances, where time is of the utmost importance to positive treatment outcomes, CMS must find a solution for expanding access within the MA framework.
- **Reducing Administrative Burden - Prior Authorization:** AAOS strongly supports the creation and enforcement of requirements that insurers be more transparent about the operations and results of their prior authorization program and urges CMS to closely monitor and enforce all prior authorization-related provisions around timelines of prior authorization decisions, disclosures of the reasons for denials and public reporting prior authorization statistics.
- **Artificial Intelligence:** AAOS strongly supports CMS' proposed patient protections surrounding the use of Artificial Intelligence (AI) and clinical decision support tools that use AI and machine-based learning. We recognize the immense potential of AI to transform the health care landscape. However, we must also remain vigilant about the potential risks AI poses, such as medical misinformation, algorithmic bias, lack of trust and transparency, escalation in costs, and technological dependence. Therefore, we are pleased that CMS is taking steps to develop provisions in MA regulations which will create and implement processes to maintain nondiscriminatory use of these automated systems.

Dear Administrator Oz:

On behalf of the more than 39,000 orthopaedic surgeons and residents represented by the American Association of Orthopaedic Surgeons (AAOS), I am writing to share our comments on the Contract Year 2027 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, and Medicare Cost Plan Program (CMS-4212-P). The significant influence of the Medicare Advantage (MA) program on the physicians we represent offers an opportunity to continuously improve the quality of care delivered to beneficiaries.

**Request for Information on Network Adequacy**

AAOS is deeply concerned that limited physician networks have an outsized and harmful impact on MA beneficiaries diagnosed with rare diseases. Our members have raised concerns, citing specific examples, of cases where sarcoma patients are significantly delayed in accessing hyper-specialized orthopaedic oncologists because of these physicians not being in-network with the beneficiary's MA plan. Most orthopaedic oncologists practice in a federally funded comprehensive cancer center. When MA plans will not let patients go to their local/regional federally designated cancer center of excellence, the quality of care patients receive is diminished.

Under such circumstances, where time is of the utmost importance to positive treatment outcomes, there must be a better solution for expanding access to rare disease subspecialists within the MA framework. Highly subspecialized surgeons across the spectrum of rare disease care fall through the cracks of network adequacy requirements because CMS' existing criteria for plans focus on broader specialty level demands. CMS could improve the current gap exceptions process by making it more standardized between plans, faster and less cumbersome. Alternatively, increasing the robustness of these networks through new regulatory avenues that ameliorate the plight of patients living with rare diseases and the subsequent administrative burden for the physicians who treat them is the most expeditious way to address this issue.

AAOS suggests that CMS look to the legislative framework developed within the Accelerating Kids' Access to Care Act (H.R. 1509) for examples of flexibility that could be granted through a regulatory safe harbor for adult patients with rare diseases. Specifically, this could be the establishment of a process through which out-of-state providers who provide the highly specialized care required for an MA beneficiary can temporarily treat the patient under the MA plan without undergoing additional screening or licensure requirements. Another area to consider for regulatory flexibility would be updating the gap exception process to add a fully online and time-bound requirement to ensure that requests are affirmed or denied within a reasonable amount of time. Like prior authorization timelines, requests and determinations on gap exception requests must be processed swiftly to ensure quality care and reduce patient harm caused by administrative delays.

**Reducing Administrative Burden – Prior Authorization**

AAOS strongly supports the creation and enforcement of requirements that insurers be more transparent about the operations and results of their prior authorization program and urges CMS to closely monitor and enforce all prior authorization-related provisions around timelines of prior authorization decisions, disclosures of the reasons for denials and public reporting of prior authorization statistics.

Prior authorization requirements place significant burdens on physicians, undermine their training and professional expertise, and lead to significant delays in patient care. AAOS is concerned that the continued use of these procedures by MA plan sponsors will supersede physician autonomy and increase resources diverted away from optimizing patient care and toward fulfilling these administrative requirements. Prior authorization is intended to control costs but instead can delay necessary medical care and negatively influence patient outcomes.

AAOS continues to advocate for reforms to the prior authorization process that prioritize patient care and reduce administrative burdens on physicians and other healthcare providers. This includes efforts to streamline the prior authorization process, improve transparency and communication between payers and providers, and ensure that prior authorization requirements are evidence-based and clinically appropriate. Additionally, we ask CMS to address a more recent negative trend in this space by prohibiting insurers from conducting post-payment reviews and claw-backs for procedures after they were granted prior authorization. Overall, AAOS believes that collaboration among stakeholders is essential to address the shortcomings of the current prior authorization system and mitigate its adverse impacts on patient care and healthcare delivery.

#### Leveraging Artificial Intelligence for Decision Support Tools

AAOS strongly supports CMS' proposed patient protections surrounding the use of Artificial Intelligence (AI) and clinical decision support tools that use AI and machine-based learning. We recognize the immense potential of AI to transform the health care landscape but must also remain vigilant about the potential risks AI poses, such as medical misinformation, algorithmic bias, lack of trust and transparency, escalation in costs, and technological dependence. We are therefore pleased that CMS is taking steps to develop provisions in MA regulations to maintain nondiscriminatory use of these automated systems as CMS considers expanding the use of AI and machine learning models in Medicare Advantage, including risk adjustment and payment methodologies.

To address these risks, AAOS endorses guiding principles to ensure safe, secure, ethical, and trustworthy development and the adoption of AI algorithms and applications. These principles include ensuring that health care algorithms and their use are transparent and explainable with stringent document and disclosure of AI governance standards, model development, data privacy, and security controls, clearly defined in processes for release to consumers, and pro-active monitoring in the health care marketplace.

AAOS also supports frameworks designed to mitigate risks and promote equity throughout various decision points along the adoption of AI algorithm life cycle. AAOS further emphasizes that developers of AI algorithms must authentically engage with multiple interdisciplinary stakeholders, orthopaedic surgeons and other clinicians and include documented clinical input at every stage of development, from needs assessment and problem definition, through iterative development and testing, to validation, implementation and continuous monitoring.

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Thank you for your time and attention to the concerns of the American Association of Orthopaedic Surgeons (AAOS) on the proposals made in the CY 2027 Policy and Technical Changes to the Medicare Advantage

Program proposed rule. AAOS looks forward to working closely with CMS on further improving the MA system, and to enhancing the care of musculoskeletal patients in the United States. Should you have questions on any of the above comments, please do not hesitate to contact Lori Shoaf, JD, MA, AAOS Office of Government Relations at [shoaf@aaos.org](mailto:shoaf@aaos.org).

Sincerely,

A handwritten signature in black ink that reads "Joel Mayerson MD, FAAOS". The signature is written in a cursive style with "Joel Mayerson" on the top line and "MD, FAAOS" on the line below it.

Joel Mayerson, MD, FAAOS  
AAOS Advocacy Council Chair

cc: Annunziato Amendola, MD, FAAOS, President, AAOS  
Wilford K. Gibson, MD, FAAOS, First Vice-President, AAOS  
Michael L. Parks, MD, FAAOS, Second Vice-President, AAOS  
Thomas E. Arend, Jr., Esq., CAE, CEO, AAOS  
Nathan Glusenkamp, MBA, MA, Chief Quality and Registries Officer, AAOS