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January 23, 2026

Mehmet Oz, MD

Administrator

Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Submitted electronically via www.regulations.gov

RE: Medicare Program; Contract Year 2027 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, and Medicare Cost Plan Program

Dear Administrator Oz:

Established in 1943, the American Academy of Allergy, Asthma & Immunology (AAAAI) is a professional organization with more than 6,700 members in the United States, Canada and 72 other countries. This membership includes allergist/immunologists (A/I), other medical specialists, allied health and related healthcare professionals with a special interest in the research and treatment of patients with allergic and immunologic diseases.

In the paragraphs that follow, we respond to the specific proposals included in the aforementioned proposed rule.

Medicare Advantage/Part C and Part D Prescription Drug Plan Quality Rating System (Star Ratings)

Removing Measures

AAAAI has shared in prior comments that A/I providers face significant challenges interacting with Medicare Advantage plans, including utilization management requirements, contracting and network issues, and plan-driven administrative practices that delay or disrupt patient care. For this reason, measures such as *Plan Makes Timely Decisions about Appeals (Part C)*, *Reviewing Appeals Decisions (Part C)*, *Complaints about the Health/Drug Plan (Part C and Part D)*, and *Members Choosing to Leave the Plan (Part C and Part D)* provide important insight into whether plan practices are creating access barriers or undermining continuity of care.

AAAAI is disappointed that CMS has proposed eliminating these measures or moving them to display-only status, as doing so would reduce visibility into issues that directly impact patient outcomes and practice operations. Of note, CMS has stated that it relied on beneficiary complaint data to inform its recently implemented marketing and oversight reforms, making it inconsistent to remove the plan complaints measure from the Star Ratings program. Further, display-only reporting, while informative, does not carry the same weight as measures that meaningfully influence Star Ratings and Quality Bonus Payments. As such, AAAAI urges CMS to retain these measures within the Star

Ratings program to ensure plan accountability and prompt corrective action when complaints and access issues arise.

Streamlining the Methodology, Further Incentivizing Quality Improvement, and Suggestions for New Measures

AAAAI supports CMS' efforts to streamline the Star Ratings methodology where simplification improves clarity and focus. However, AAAAI has consistently encouraged CMS to expand the use of measures that capture physician experiences with MA plans. As we have shared previously, A/I professionals routinely encounter administrative and utilization management barriers that are not adequately reflected in existing patient experience measures. We have specifically urged CMS to consider measures that capture provider-facing challenges related to prior authorization, step therapy, and plan-driven practices that interfere with clinical decision-making and continuity of care. Therefore, **AAAAI urges CMS to incorporate provider experience measures into the Star Ratings program, which would provide CMS with insight into how plan policies affect care delivery and better align quality incentives with real-world practice conditions.**

Reducing Regulatory Burden and Costs in Accordance with E.O. 14192

Revisions to § 422.112(a)(8); Rescinding UM Health Equity Analysis at § 422.137(c)(5), (d)(6), and (d)(7); Rescinding QI Program Health Disparities Requirement at § 422.152(a)(5)

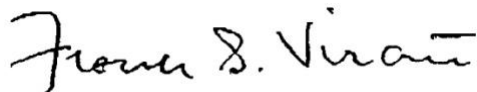
We have consistently emphasized that patients with allergic and immunologic diseases, many of whom are medically complex and rely on ongoing specialty care, are disproportionately affected by barriers related to utilization management, access to care, and health inequities. AAAAI is therefore concerned by CMS' proposals to rescind requirements intended to ensure equitable access to care and to monitor the impact of utilization management policies on underserved populations.

As AAAAI has shared previously, utilization management practices such as prior authorization, step therapy, and non-medical switching can delay or prevent access to medically necessary therapies and disproportionately harm vulnerable and underserved patients. Requirements that promote transparency, data collection, and accountability, such as health equity analyses and quality improvement activities focused on reducing disparities, are essential tools for identifying patterns of harm and informing corrective action. Eliminating these requirements would significantly reduce CMS' visibility into how plan policies affect access to care across populations.

While AAAAI recognizes CMS' interest in reducing unnecessary administrative burden, we caution that streamlining should not come at the expense of oversight mechanisms that protect patients from inequitable access to care. ***Rather than rescinding these provisions, AAAAI encourages CMS to refine and strengthen approaches that ensure utilization management policies and quality improvement programs meaningfully address disparities and support equitable access to medically necessary treatment.***

We appreciate the opportunity to provide comments on the aforementioned issues of importance to our members. Should you have any questions, please contact Sheila Heitzig, Director of Practice and Policy, at sheitzig@aaaai.org or (414) 272-6071.

Sincerely,



Frank S. Virant, MD, FAAAAI
President, American Academy of Allergy, Asthma & Immunology