PAN Foundation

Improving access.
Transforming health.

September 7, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Medicare and Medicaid Programs; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program (CMS-1832-P)

Dear Administrator Oz:

On behalf of The Patient Access Network (PAN) Foundation, one of the nation's largest charities, I write to provide comment on the Centers for Medicare and Medicaid Services' (CMS) 2026 Physician Fee Schedule Proposed Rule. We strongly support the Agency's efforts to make the COVID-19 public health flexibilities for virtual care permanent, where permissible under current authority. We are also pleased that CMS continues efforts to clarify that Medicare payment is available for dental services that are inextricably linked to and substantially related and integral to the clinical success of certain Medicare-covered medical services.

As a leading charitable foundation and healthcare advocacy organization, the PAN Foundation is dedicated to accelerating access to treatment for those who need it most and empowering patients on their healthcare journeys. We provide critical financial assistance for treatment costs, advocate for policy solutions that expand access to care, and deliver education on complex topics—all driven by our belief that everyone deserves access to affordable, equitable healthcare.

The PAN Foundation provides the following comments on the proposed rule:

Telehealth Services

PAN supports CMS's proposal to streamline the Medicare Telehealth Services List review process and eliminate the distinction between "provisional" and "permanent" telehealth services. Simplifying the review process and focusing on whether a service can be safely furnished using interactive, two-way audio-video communication is a meaningful step toward ensuring continued access to care for patients who rely on telehealth.

Telehealth remains essential for patients with mental health and substance use conditions who face persistent barriers to in-person care. We commend CMS's proposal to remove outdated evidentiary hurdles, such as requiring peer-reviewed literature for low-utilization services, as it appropriately acknowledges the role of clinical judgment in determining whether telehealth is appropriate and safe. We also encourage the agency to continue advancing policies that support permanent telehealth access. These changes will help preserve critical access to health services for the patients who need them most.

Medically Necessary Dental and Oral Health Services

PAN praises and encourage CMS's ongoing work to clarify and implement "inextricably linked" oral health coverage in Medicare. The important steps the agency is undertaking in this area offer hope to beneficiaries who require medical treatment that could be complicated, compromised, delayed, and even denied because of unresolved dental disease. We urge CMS to continue its efforts to elaborate on, operationalize, and educate the medical and dental community about the payment rules so that Medicare beneficiaries may effectively access the covered dental care that they require.

Submissions Received Through Public Submission Process
We thank CMS for reviewing the public recommendations submitted for CY 2026, and are grateful for its emphasized commitment to considering recommendations through the annual nominations process. We are nonetheless disappointed by the agency's decision not to identify for CY 2026 additional examples of clinical scenarios in which payment for dental services is appropriate.

Issues Relating to Medicare Payment for "Inextricably Linked" Dental Services (section II.J.)

PAN appreciates CMS' expressed intention to "continue to engage in discussions with the public on a wide spectrum of issues relating to Medicare payment for dental services that may be inextricably linked to other covered services." We respectfully encourage the agency to consider the following suggestions to advance implementation of the payment rule so that beneficiaries can access covered care:

1. Outreach to Relevant Providers

PAN appreciates the excellent work that CMS has undertaken to create the user-friendly "Medicare Dental Coverage" webpage, to adopt the 837D dental claim form and enable dental providers to submit it electronically, and to provide modifiers that simplify the process of seeking reimbursement of "inextricably linked" dental services.

The value of these important achievements will be greatly realized when more providers know about Medicare's dental payment clarifications and more dentists enroll in Medicare. We thus urge CMS to build on its progress and continue pursuing strategies to inform the dental community and relevant medical providers about the dental payment clarification.

2. Transparency and Access to Contractor Pricing Information

Medicare reimbursement rates for "inextricably linked" dental services are currently priced by each regional Medicare Administrative Contractor (MAC). The MACs' websites do not make their dental payment rate information readily available. This has been a source of frustration for dental providers, including those already enrolled in Medicare and those trying to decide whether to enroll. We thus urge greater transparency about dental reimbursement rates and ask CMS to require and enforce that all MACs make up-to-date, understandable dental pricing schedules easy to find online.

3. Clear and Accurate Contractor-Level Information and Assistance

We urge CMS to oversee that MACs act promptly to update and correct the information on their websites about Medicare's dental payment policy. We also request that CMS require MACs to assign

designated trained staff to answer inquiries from providers about dental coverage, billing and enrollment, and to help troubleshoot problems.

4. Allow More Immediate Revocation of Opt-Out Status

The national scarcity of Medicare-enrolled dentists poses a significant barrier to Medicare beneficiaries who medically require but cannot afford "inextricably linked" dental care. To improve access to this care for all Medicare patients, we urge CMS to permit dental providers who want to revoke their opt-out status and enroll in Medicare, to be able to do so immediately rather than having to wait out the expiration of the 2-year opt-out period (when their opt-out status automatically renews if they take no action).

5. Oversight of Dental Payment by Medicare Advantage (MA) Plans

Medicare Advantage plans have a legal obligation to "[p]rovide coverage of, by furnishing, arranging for, or making payment for, all services that are covered by Part A and Part B of Medicare … and that are available to beneficiaries residing in the plan's service area. Services may be provided outside of the service area of the plan if the services are accessible and available to enrollees." 42 C.F.R. § 422.101(a). We respectfully ask the agency to evaluate the extent to which Medicare Advantage Organizations (MAOs) that offer MA plans are currently ensuring that those plans are carrying out their statutory obligation to provide coverage - by furnishing, arranging or making payment - for "inextricably linked" dental services under 42 C.F.R. § 411.15(i).

We ask CMS to provide MAOs with any guidance needed to facilitate proper implementation of this coverage by MA plans. MAOs must require that plans give accurate information to enrollees about the benefit and how to access covered care through an appropriate oral health provider and correctly process claims. Accurate information must also be given to in-network medical providers on how to refer patients for "inextricably linked" dental services, as well as to dentists so they can know how to obtain prior authorization (if necessary) and submit claims for reimbursement to the plan. In short, we urge CMS to take necessary measures to ensure that MAOs and plans understand and promptly comply with their obligation to enrollees.

6. Facilitating Provision of "Inextricably Linked" Care by In-Network Dentists

The majority of Medicare beneficiaries are now enrolled in MA plans. Notably, the inclusion of dental coverage as an "extra benefit" is a major factor in many individuals' decision to choose an MA plan. Ideally, MA enrollees would be able to obtain all of their covered dental care from one dental provider – i.e., their in-network dentist. This possibility is thwarted by the fact that (1) only Medicare-enrolled dentists may bill for "inextricably linked" dental services and (2) dentists participating in MA networks are permitted by policy to formally "opt out" of Medicare. Because of this, MA patients who need "inextricably linked" dental services may not be able to obtain that covered care from their regular in-network dentist but must instead find a separate Medicare-enrolled dentist to fulfill their treatment plan. This results in fractured care, redundant diagnostics, inconvenience, as well as billing confusion and problems for patients, providers, and plans alike.

Such difficulties could be avoided if in-network dental providers were allowed to submit claims for reimbursement by the MA plan when they furnish "inextricably linked" care to enrollees, even if those

dental providers have formally opted out of Medicare. Alternatively, the agency could reinstate its prior policy of requiring in-network dental providers to enroll in Medicare, just as other in-network providers are required to do. Either of these suggested solutions would enable MA and D-SNP enrollees to receive all of the covered care they need from their chosen in-network provider, which is more optimal and less complicated for patient, provider, and plan.

Absent these solutions, it is crucial and required that MA plans provide clear information and assistance to their enrollees who need covered "inextricably linked" care. Plans should have protocols to help enrollees locate an appropriate in-network oral health provider who is also enrolled in Medicare, whether participating or non-participating.

Proposal to Adopt New Improvement Activities in MIPS (section IV.)

PAN applauds and strongly support CMS' proposal to adopt a new improvement activity - Integrating Oral Health Care in Primary Care - to the inventory of activities that MIPS eligible clinicians can engage in to improve clinical practice or care delivery. In many communities, particularly urban and rural underserved communities, primary care clinicians play the key role in caring for people with chronic and serious illnesses. This underscores the need to integrate dental assessment, education, and referrals into primary care delivery.

We see tremendous value in incentivizing primary care clinicians to conduct an oral health risk assessment and intraoral screening of their patients, educate patients on the importance of oral health, and provide counseling on its connection to systemic diseases. Incentivizing primary care clinicians to provide a dental referral to patients with oral health needs or who do not have a dental home can likewise have far-reaching impact in treating and managing not only oral/dental diseases, but also other prevalent chronic illnesses.

Thank you again for the opportunity to comment on the proposed rule. If you would like further information or have questions, please contact Amy Niles, Chief Mission Officer at aniles@panfoundation.org.

Sincerely,

Kevin L. Hagan
President and Chief Executive Officer