

119TH CONGRESS  
1ST SESSION

# H. R. 5281

To amend title XVIII of the Social Security Act to establish provider directory requirements, and to provide accountability for provider directory accuracy, under Medicare Advantage.

---

## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 10, 2025

Mr. PANETTA (for himself, Mr. MURPHY, Mr. LANDSMAN, Mr. SCHNEIDER, and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

---

## A BILL

To amend title XVIII of the Social Security Act to establish provider directory requirements, and to provide accountability for provider directory accuracy, under Medicare Advantage.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Requiring Enhanced  
5 and Accurate Lists of Health Providers Act” or the  
6 “REAL Health Providers Act”.

1 **SEC. 2. PROVIDER DIRECTORY REQUIREMENTS UNDER**  
2 **MEDICARE ADVANTAGE.**

3 (a) IN GENERAL.—Section 1852(c) of the Social Se-  
4 curity Act (42 U.S.C. 1395w–22(c)) is amended—

5 (1) in paragraph (1)(C)—

6 (A) by striking “plan, and any” and insert-  
7 ing “plan, any”; and

8 (B) by inserting the following before the  
9 period: “, and, in the case of a specified MA  
10 plan (as defined in paragraph (3)(C)), for plan  
11 year 2028 and subsequent plan years, the infor-  
12 mation described in paragraph (3)(B)”;

13 (2) by adding at the end the following new  
14 paragraph:

15 “(3) PROVIDER DIRECTORY ACCURACY.—

16 “(A) IN GENERAL.—For plan year 2028  
17 and subsequent plan years, each MA organiza-  
18 tion offering a specified MA plan (as defined in  
19 subparagraph (C)) shall, for each such plan of-  
20 fered by the organization—

21 “(i) maintain, on a publicly available  
22 internet website, an accurate provider di-  
23 rectory that includes the information de-  
24 scribed in subparagraph (B);

25 “(ii) not less frequently than once  
26 every 90 days (or, in the case of a hospital

1 or any other facility determined appro-  
2 priate by the Secretary, at a lesser fre-  
3 quency specified by the Secretary but in no  
4 case less frequently than once every 12  
5 months), verify the provider directory in-  
6 formation of each provider listed in such  
7 directory and, if applicable, update such  
8 provider directory information;

9 “(iii) if the organization is unable to  
10 verify such information with respect to a  
11 provider, include in such directory an indi-  
12 cation that the information of such pro-  
13 vider may not be up to date; and

14 “(iv) remove a provider from such di-  
15 rectory within 5 business days if the orga-  
16 nization determines that the provider is no  
17 longer a provider participating in the net-  
18 work of such plan.

19 “(B) PROVIDER DIRECTORY INFORMA-  
20 TION.—The information described in this sub-  
21 paragraph is information enrollees may need to  
22 access covered benefits from a provider with  
23 which such organization offering such plan has  
24 an agreement for furnishing items and services  
25 covered under such plan such as name, spe-

cialty, contact information, primary office or facility address, whether the provider is accepting new patients, accommodations for people with disabilities, cultural and linguistic capabilities, and telehealth capabilities.

“(C) SPECIFIED MA PLAN.—In this paragraph, the term ‘specified MA plan’ means—

“(i) a network-based plan (as defined in subsection (d)(5)(C)); or

“(ii) a Medicare Advantage private fee-for-service plan (as defined in section 1859(b)(2)) that meets the access standards under subsection (d)(4), in whole or in part, through entering into contracts or agreements as provided for under subparagraph (B) of such subsection.”.

(b) ACCOUNTABILITY FOR PROVIDER DIRECTORY ACCURACY.—

(1) COST SHARING FOR SERVICES FURNISHED BASED ON RELIANCE ON INCORRECT PROVIDER DIRECTORY INFORMATION.—Section 1852(d) of the Social Security Act (42 U.S.C. 1395w–22(d)) is amended—

(A) in paragraph (1)(C)—

1 (i) in clause (ii), by striking “or” at  
2 the end;

3 (ii) in clause (iii), by striking the  
4 semicolon at the end and inserting “, or”;  
5 and

6 (iii) by adding at the end the fol-  
7 lowing new clause:

8 “(iv) the services are furnished by a  
9 provider that is not participating in the  
10 network of a specified MA plan (as defined  
11 in subsection (c)(3)(C)) but is listed in the  
12 provider directory of such plan on the date  
13 on which the appointment is made, as de-  
14 scribed in paragraph (7)(A);” and

15 (B) by adding at the end the following new  
16 paragraph:

17 “(7) COST SHARING FOR SERVICES FURNISHED  
18 BASED ON RELIANCE ON INCORRECT PROVIDER DI-  
19 RECTORY INFORMATION.—

20 “(A) IN GENERAL.—For plan year 2028  
21 and subsequent plan years, if an enrollee is fur-  
22 nished an item or service by a provider that is  
23 not participating in the network of a specified  
24 MA plan (as defined in subsection (c)(3)(C))  
25 but is listed in the provider directory of such

1 plan (as required to be provided to an enrollee  
2 pursuant to subsection (c)(1)(C)) on the date  
3 on which the appointment is made, and if such  
4 item or service would otherwise be covered  
5 under such plan if furnished by a provider that  
6 is participating in the network of such plan, the  
7 MA organization offering such plan shall ensure  
8 that the enrollee is only responsible for the less-  
9 er of—

10 “(i) the amount of cost sharing that  
11 would apply if such provider had been par-  
12 ticipating in the network of such plan; or

13 “(ii) the amount of cost sharing that  
14 would otherwise apply (without regard to  
15 this subparagraph).

16 “(B) NOTIFICATION REQUIREMENT.—For  
17 plan year 2028 and subsequent plan years, each  
18 MA organization that offers a specified MA  
19 plan shall—

20 “(i) notify enrollees of their cost-shar-  
21 ing protections under this paragraph and  
22 make such notifications, to the extent  
23 practicable, by not later than the first day  
24 of an annual, coordinated election period

under section 1851(e)(3) with respect to a year;

“(ii) include information regarding such cost-sharing protections in the provider directory of each specified MA plan offered by the MA organization; and

“(iii) notify enrollees of their cost-sharing protections under this paragraph in an explanation of benefits.”.

(2) REQUIRED PROVIDER DIRECTORY ACCURACY ANALYSIS AND REPORTS.—

(A) IN GENERAL.—Section 1857(e) of the Social Security Act (42 U.S.C. 1395w–27(e)) is amended by adding at the end the following new paragraph:

“(6) PROVIDER DIRECTORY ACCURACY ANALYSIS AND REPORTS.—

“(A) IN GENERAL.—Beginning with plan years beginning on or after January 1, 2028, subject to subparagraph (C), a contract under this section with an MA organization shall require the organization, for each specified MA plan (as defined in section 1852(c)(3)(C)) offered by the organization to annually do the following:

1 “(i) Conduct an analysis estimating  
2 the accuracy of the provider directory in-  
3 formation of such plan using a random  
4 sample of providers included in such pro-  
5 vider directory as follows:

6 “(I) Such a random sample shall  
7 include a random sample of each spe-  
8 cialty of providers with a high inaccu-  
9 racy rate of provider directory infor-  
10 mation relative to other specialties of  
11 providers, as determined by the Sec-  
12 retary.

13 “(II) For purposes of subclause  
14 (I), one type of specialty may be pro-  
15 viders specializing in mental health or  
16 substance use disorder treatment.

17 “(ii) Submit to the Secretary a report  
18 containing the results of the analysis con-  
19 ducted under clause (i), including an accu-  
20 racy score for such provider directory in-  
21 formation (as determined using a plan  
22 verification method specified by the Sec-  
23 retary under subparagraph (B)(i)).

24 “(B) DETERMINATION OF ACCURACY  
25 SCORE.—



1 “(i) IN GENERAL.—The Secretary  
2 shall specify plan verification methods,  
3 such as using telephonic verification or  
4 other approaches using data sources main-  
5 tained by an MA organization or using  
6 publicly available data sets, that MA orga-  
7 nizations may use for estimating accuracy  
8 scores of the provider directory information  
9 of specified MA plans offered by such or-  
10 ganizations.

11 “(ii) ACCURACY SCORE METHOD-  
12 OLOGY.—With respect to each such meth-  
13 od specified by the Secretary as described  
14 in clause (i), the Secretary shall specify a  
15 methodology for MA organizations to use  
16 in estimating such accuracy scores. Each  
17 such methodology shall take into account  
18 the administrative burden on plans and  
19 providers and the relative importance of  
20 certain provider directory information on  
21 enrollee ability to access care.

22 “(C) EXCEPTION.—The Secretary may  
23 waive the requirements of this paragraph in the  
24 case of a specified MA plan with low enrollment  
25 (as defined by the Secretary).

1           “(D) TRANSPARENCY.—Beginning with  
2 plan years beginning on or after January 1,  
3 2029, the Secretary shall post accuracy scores  
4 (as reported under subparagraph (A)(ii)), in a  
5 machine readable file, on the internet website of  
6 the Centers for Medicare & Medicaid Services.”.

7           (B) PROVISION OF INFORMATION TO  
8 BENEFICIARIES.—Section 1851(d)(4) of the So-  
9 cial Security Act (42 U.S.C. 1395w–21(d)(4))  
10 is amended by adding at the end the following  
11 new subparagraph:

12           “(F) PROVIDER DIRECTORY.—Beginning  
13 with plan years beginning on or after January  
14 1, 2029, the accuracy score of the plan’s pro-  
15 vider directory (as reported under section  
16 1857(e)(6)(A)(ii)) listed prominently on the  
17 plan’s provider directory.”.

18           (C) FUNDING.—In addition to amounts  
19 otherwise available, there is appropriated to the  
20 Centers for Medicare & Medicaid Services Pro-  
21 gram Management Account, out of any money  
22 in the Treasury not otherwise appropriated,  
23 \$4,000,000 for fiscal year 2026, to remain  
24 available until expended, to carry out the  
25 amendments made by this paragraph.

1 (3) GAO STUDY AND REPORT.—

2 (A) ANALYSIS.—The Comptroller General  
3 of the United States (in this paragraph referred  
4 to as the “Comptroller General”) shall conduct  
5 a study of the implementation of the amend-  
6 ments made by paragraphs (1) and (2). To the  
7 extent data are available and reliable, such  
8 study shall include an analysis of—

9 (i) the use of cost-sharing protections  
10 required under section 1852(d)(7)(A) of  
11 the Social Security Act, as added by para-  
12 graph (1);

13 (ii) the trends in provider directory in-  
14 formation accuracy scores under section  
15 1857(e)(6)(A)(ii) of the Social Security  
16 Act (as added by paragraph (2)(A)), both  
17 overall and among providers specializing in  
18 mental health or substance use disorder  
19 treatment;

20 (iii) provider response rates by plan  
21 verification methods;

22 (iv) administrative costs to providers  
23 and Medicare Advantage organizations;  
24 and

1 (v) other items determined appro-  
2 priate by the Comptroller General.

3 (B) REPORT.—Not later than January 15,  
4 2032, the Comptroller General shall submit to  
5 Congress a report containing the results of the  
6 study conducted under subparagraph (A), to-  
7 gether with recommendations for such legisla-  
8 tion and administrative action as the Comp-  
9 troller General determines appropriate.

10 (c) GUIDANCE ON MAINTAINING ACCURATE PRO-  
11 VIDER DIRECTORIES.—

12 (1) STAKEHOLDER MEETING.—

13 (A) IN GENERAL.—Not later than 3  
14 months after the date of enactment of this Act,  
15 the Secretary of Health and Human Services  
16 (referred to in this subsection as the “Sec-  
17 retary”) shall hold a public meeting to receive  
18 input on approaches for maintaining accurate  
19 provider directories for Medicare Advantage  
20 plans under part C of title XVIII of the Social  
21 Security Act (42 U.S.C. 1395w–21 et seq.), in-  
22 cluding input on approaches for reducing ad-  
23 ministrative burden, such as data standardiza-  
24 tion, and best practices to maintain accurate  
25 provider directory information.

1 (B) PARTICIPANTS.—Participants of the  
2 meeting under subparagraph (A) shall include  
3 representatives from the Centers for Medicare &  
4 Medicaid Services and the Assistant Secretary  
5 for Technology Policy and Office of the Na-  
6 tional Coordinator for Health Information  
7 Technology. Such meeting shall be open to the  
8 public. To the extent practicable, the Secretary  
9 shall include health care providers, companies  
10 that specialize in relevant technologies, health  
11 insurers, and patient advocates.

12 (2) GUIDANCE TO MEDICARE ADVANTAGE OR-  
13 GANIZATIONS.—Not later than 12 months after the  
14 date of enactment of this Act, the Secretary shall  
15 issue guidance to Medicare Advantage organizations  
16 offering Medicare Advantage plans under part C of  
17 title XVIII of the Social Security Act (42 U.S.C.  
18 1395w–21 et seq.) on maintaining accurate provider  
19 directories for such plans, taking into consideration  
20 input received during the stakeholder meeting under  
21 paragraph (1). Such guidance may include the fol-  
22 lowing, as determined appropriate by the Secretary:

23 (A) Best practices for Medicare Advantage  
24 organizations on how to work with providers to  
25 maintain the accuracy of provider directories

1 and reduce provider and Medicare Advantage  
2 organization burden with respect to maintaining  
3 the accuracy of provider directories.

4 (B) Information on data sets and data  
5 sources with information that could be used by  
6 Medicare Advantage organizations to maintain  
7 accurate provider directories.

8 (C) Approaches for utilizing data sources  
9 maintained by Medicare Advantage organiza-  
10 tions and publicly available data sets to main-  
11 tain accurate provider directories.

12 (D) Information to be included in provider  
13 directories that may be useful for Medicare  
14 beneficiaries to assess plan networks when se-  
15 lecting a plan and accessing providers partici-  
16 pating in plan networks during the plan year.

17 (3) GUIDANCE TO PART B PROVIDERS.—Not  
18 later than 12 months after the date of enactment of  
19 this Act, the Secretary shall issue guidance to pro-  
20 viders of services and suppliers who furnish items or  
21 services for which benefits are available under part  
22 B of title XVIII of the Social Security Act (42  
23 U.S.C. 1395j et seq.) on when to update the Na-

- 1 tional Plan and Provider Enumeration System for
- 2 information changes.

