

119TH CONGRESS
2D SESSION

S. 3750

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 SENATE OF THE UNITED STATES

JANUARY 29, 2026

Mr. BENNET (for himself, Mr. TILLIS, and Mr. WYDEN) introduced the following bill; which was read twice and referred to the Committee on Finance

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 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-

1 cialty, contact information, primary office or fa-
 2 cility addresses where items or services are fur-
 3 nished, whether the provider is accepting new
 4 patients, accommodations for people with dis-
 5 abilities, cultural and linguistic capabilities, and
 6 telehealth capabilities.

7 “(C) SPECIFIED MA PLAN.—In this para-
 8 graph, the term ‘specified MA plan’ means—

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

11 “(ii) a Medicare Advantage private
 12 fee-for-service plan (as defined in section
 13 1859(b)(2)) that meets the access stand-
 14 ards under subsection (d)(4), in whole or
 15 in part, through entering into contracts or
 16 agreements as provided for under subpara-
 17 graph (B) of such subsection.”.

18 (b) ACCOUNTABILITY FOR PROVIDER DIRECTORY
 19 ACCURACY.—

20 (1) COST SHARING FOR SERVICES FURNISHED
 21 BASED ON RELIANCE ON INCORRECT PROVIDER DI-
 22 RECTORY INFORMATION.—Section 1852(d) of the
 23 Social Security Act (42 U.S.C. 1395w-22(d)) is
 24 amended—

25 (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) for plan year 2028 and subse-
9 quent plan years, in the case of a specified
10 MA plan (as defined in subsection
11 (c)(3)(C)), the services were furnished by a
12 provider that was not participating in the
13 network of such plan but was listed in the
14 provider directory of such plan on the date
15 on which the appointment was made, as
16 described in paragraph (7)(A);” and

17 (B) by adding at the end the following new
18 paragraph:

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

22 “(A) IN GENERAL.—For plan year 2028
23 and subsequent plan years, if an enrollee in a
24 specified MA plan (as defined in subsection
25 (c)(3)(C)) is furnished an item or service by a

provider that is not participating in the network of such plan but is listed in the provider directory of such plan (as required to be provided to an enrollee pursuant to subsection (c)(1)(C)) on the date on which the appointment is made, and if such item or service would otherwise be covered under such plan if furnished by a provider that is participating in the network of such plan, the MA organization offering such plan shall ensure that the enrollee is only responsible for the lesser of—

“(i) the amount of cost sharing that would apply if such provider had been participating in the network of such plan; or

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

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

“(i) notify enrollees of their cost-sharing protections under this paragraph and make such notifications, to the extent practicable, by not later than the first day

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 the first explanation of benefits issued in a plan year.”.

(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)) of-

ferred by the organization, to annually do the following:

“(i) Conduct an analysis estimating the accuracy of the provider directory information of such plan using a random sample of providers included in such provider directory as follows:

“(I) Such a random sample shall include a random sample of each specialty of providers with a high inaccuracy rate of provider directory information relative to other specialties of providers, as determined by the Secretary.

“(II) For purposes of subclause (I), one type of specialty may be providers specializing in mental health or substance use disorder treatment.

“(ii) Submit to the Secretary a report containing the results of the analysis conducted under clause (i), including an accuracy score for such provider directory information (as determined using a plan verification method specified by the Secretary under subparagraph (B)(i)).

1 “(B) DETERMINATION OF ACCURACY
2 SCORE.—

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

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

24 “(C) EXCEPTION.—The Secretary may
25 waive the requirements of this paragraph in the

1 case of a specified MA plan with low enrollment
2 (as defined by the Secretary).

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

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

15 “(F) PROVIDER DIRECTORY.—Beginning
16 with plan years beginning on or after January
17 1, 2029, in the case of a specified MA plan (as
18 defined in section 1852(e)(3)(C)), the accuracy
19 score of the plan’s provider directory (as re-
20 ported under section 1857(e)(6)(A)(ii)) listed
21 prominently on the plan’s provider directory.”.

22 (C) FUNDING.—In addition to amounts
23 otherwise available, there is appropriated to the
24 Centers for Medicare & Medicaid Services Pro-
25 gram Management Account, out of any money

1 in the Treasury not otherwise appropriated,
2 \$4,000,000 for fiscal year 2026, to remain
3 available until expended, to carry out the
4 amendments made by this paragraph.

5 (3) GAO STUDY AND REPORT.—

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

13 (i) the use of cost-sharing protections
14 required under section 1852(d)(7)(A) of
15 the Social Security Act, as added by para-
16 graph (1);

17 (ii) the trends in provider directory in-
18 formation accuracy scores submitted to the
19 Secretary of Health and Human Services
20 under section 1857(e)(6)(A)(ii) of the So-
21 cial Security Act (as added by paragraph
22 (2)(A)), both overall and among providers
23 specializing in mental health or substance
24 use disorder treatment;

- 1 (iii) provider response rates by plan
- 2 verification methods;
- 3 (iv) administrative costs to providers
- 4 and Medicare Advantage organizations;
- 5 and
- 6 (v) other items determined appro-
- 7 priate by the Comptroller General.

8 (B) REPORT.—Not later than January 15,
 9 2033, the Comptroller General shall submit to
 10 Congress a report containing the results of the
 11 study conducted under subparagraph (A), to-
 12 gether with recommendations for such legisla-
 13 tion and administrative action as the Comp-
 14 troller General determines appropriate.

15 (c) GUIDANCE ON MAINTAINING ACCURATE PRO-
 16 VIDER DIRECTORIES.—

17 (1) STAKEHOLDER MEETING.—

18 (A) IN GENERAL.—Not later than 6
 19 months after the date of enactment of this Act,
 20 the Secretary of Health and Human Services
 21 (referred to in this subsection as the “Sec-
 22 retary”) shall hold a public meeting to receive
 23 input on approaches for maintaining accurate
 24 provider directories for Medicare Advantage
 25 plans under part C of title XVIII of the Social

1 Security Act (42 U.S.C. 1395w–21 et seq.), in-
2 cluding input on approaches for reducing ad-
3 ministrative burden, such as data standardiza-
4 tion, and best practices to maintain accurate
5 provider directory information.

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

17 (2) GUIDANCE TO MEDICARE ADVANTAGE OR-
18 GANIZATIONS.—Not later than 18 months after the
19 date of enactment of this Act, the Secretary shall
20 issue guidance to Medicare Advantage organizations
21 offering Medicare Advantage plans under part C of
22 title XVIII of the Social Security Act (42 U.S.C.
23 1395w–21 et seq.) on maintaining accurate provider
24 directories for such plans, taking into consideration
25 input received during the stakeholder meeting under

1 paragraph (1). Such guidance may include the fol-
2 lowing, as determined appropriate by the Secretary:

3 (A) Best practices for Medicare Advantage
4 organizations on how to work with providers to
5 maintain the accuracy of provider directories
6 and reduce provider and Medicare Advantage
7 organization burden with respect to maintaining
8 the accuracy of provider directories.

9 (B) Information on data sets and data
10 sources with information that could be used by
11 Medicare Advantage organizations to maintain
12 accurate provider directories.

13 (C) Approaches for utilizing data sources
14 maintained by Medicare Advantage organiza-
15 tions and publicly available data sets to main-
16 tain accurate provider directories.

17 (D) Information that may be useful to in-
18 clude in provider directories for Medicare bene-
19 ficiaries to use in assessing plan networks when
20 selecting a plan and accessing providers partici-
21 pating in plan networks during the plan year.

22 (3) GUIDANCE TO PART B PROVIDERS.—Not
23 later than 12 months after the date of enactment of
24 this Act, the Secretary shall issue guidance to pro-
25 viders of services and suppliers who furnish items or

1 services for which benefits are available under part
2 B of title XVIII of the Social Security Act (42
3 U.S.C. 1395j et seq.) on when to update the Na-
4 tional Plan and Provider Enumeration System (or a
5 successor system) for information changes.

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