

118TH CONGRESS  
2D SESSION

# H. R. 7708

To amend title XVIII of the Social Security Act to require MA organizations offering network-based plans to maintain an accurate provider directory, and for other purposes.

---

## IN THE HOUSE OF REPRESENTATIVES

MARCH 15, 2024

Mr. PANETTA (for himself, Mr. MURPHY, Ms. KUSTER, 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 require MA organizations offering network-based plans to maintain an accurate provider directory, and for other purposes.

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. REQUIRING ENHANCED & ACCURATE LISTS OF**  
4 **(REAL) HEALTH PROVIDERS ACT.**

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

1 (1) in paragraph (1)(C)—

2 (A) by striking “plan, and any” and insert-  
3 ing “plan, any”; and

4 (B) by inserting before the period at the  
5 end: “, and, in the case of a network-based plan  
6 (as defined in paragraph (3)(C)), for plan year  
7 2026 and subsequent plan years, the informa-  
8 tion described in paragraph (3)(B)”; and

9 (2) by adding at the end the following new  
10 paragraph:

11 “(3) PROVIDER DIRECTORY ACCURACY.—

12 “(A) IN GENERAL.—For plan year 2026  
13 and subsequent plan years, each MA organiza-  
14 tion offering a network-based plan (as defined  
15 in subparagraph (C)) shall, for each network-  
16 based plan offered by the organization—

17 “(i) maintain, on a publicly available  
18 internet website, an accurate provider di-  
19 rectory that includes the information de-  
20 scribed in subparagraph (B);

21 “(ii) not less frequently than once  
22 every 90 days (or, in the case of a hospital  
23 or any other facility determined appro-  
24 priate by the Secretary, at a lesser fre-  
25 quency specified by the Secretary but in no

1 case less frequently than once every 12  
2 months), verify the provider directory in-  
3 formation of each provider listed in such  
4 directory and, if applicable, update such  
5 provider directory information;

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

11 “(iv) remove a provider from such di-  
12 rectory within 5 business days if the orga-  
13 nization determines that the provider is no  
14 longer a provider participating in the net-  
15 work of such plan; and

16 “(v) meet such other requirements as  
17 the Secretary may specify.

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

1           cility address, whether the provider is accepting  
2           new patients, accommodations for people with  
3           disabilities, cultural and linguistic capabilities,  
4           and telehealth capabilities.

5           “(C) NETWORK-BASED PLAN.—In this  
6           paragraph, the term ‘network-based plan’ has  
7           the meaning given that term in subsection  
8           (d)(5)(C), except such term includes a Medicare  
9           Advantage private fee-for-service plan, as deter-  
10          mined appropriate by the Secretary.”.

11          (b) ACCOUNTABILITY FOR PROVIDER DIRECTORY  
12          ACCURACY.—

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

18                       (A) in paragraph (1)(C)—

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

21                               (ii) in clause (iii), by striking the  
22                               semicolon at the end and inserting “, or”;  
23                               and

24                               (iii) by adding at the end the fol-  
25                               lowing new clause:

1           “(iv) the services are furnished by a  
2           provider that is not participating in the  
3           network of a network-based plan (as de-  
4           fined in subsection (e)(3)(C)) but is listed  
5           in the provider directory of such plan on  
6           the date on which the appointment is  
7           made, as described in paragraph (7)(A);”;  
8           and

9           (B) by adding at the end the following new  
10          paragraph:

11          “(7) COST SHARING FOR SERVICES FURNISHED  
12          BASED ON RELIANCE ON INCORRECT PROVIDER DI-  
13          RECTORY INFORMATION.—

14                 “(A) IN GENERAL.—For plan year 2026  
15                 and subsequent plan years, if an enrollee is fur-  
16                 nished an item or service by a provider that is  
17                 not participating in the network of a network-  
18                 based plan (as defined in subsection (e)(3)(C))  
19                 but is listed in the provider directory of such  
20                 plan (as required to be provided to an enrollee  
21                 pursuant to subsection (e)(1)(C)) on the date  
22                 on which the appointment is made, and if such  
23                 item or service would otherwise be covered  
24                 under such plan if furnished by a provider that  
25                 is participating in the network of such plan, the

1 MA organization offering such plan shall ensure  
2 that the enrollee is only responsible for the  
3 amount of cost sharing that would apply if such  
4 provider had been participating in the network  
5 of such plan.

6 “(B) NOTIFICATION REQUIREMENT.—For  
7 plan year 2026 and subsequent plan years, each  
8 MA organization that offers a network-based  
9 plan shall—

10 “(i) notify enrollees of their cost-shar-  
11 ing protections under this paragraph and  
12 make such notifications, to the extent  
13 practicable, by not later than the first day  
14 of an annual, coordinated election period  
15 under section 1851(e)(3) with respect to a  
16 year;

17 “(ii) include information regarding  
18 such cost-sharing protections in the pro-  
19 vider directory of each network-based plan  
20 offered by the MA organization.; and

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

24 (2) REQUIRED PROVIDER DIRECTORY ACCU-  
25 RACY ANALYSIS AND REPORTS.—

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

5           “(6) PROVIDER DIRECTORY ACCURACY ANAL-  
6           YSIS AND REPORTS.—

7           “(A) IN GENERAL.—Beginning with plan  
8           years beginning on or after January 1, 2026,  
9           subject to subparagraph (C), a contract under  
10          this section with an MA organization shall re-  
11          quire the organization, for each network-based  
12          plan (as defined in section 1852(e)(3)(C)) of-  
13          fered by the organization, to annually—

14                 “(i) conduct an analysis estimating  
15                 the accuracy of the provider directory of  
16                 such plan using a sample of providers in-  
17                 cluded in such provider directory (includ-  
18                 ing provider specialties with high inaccu-  
19                 racy rates of provider directory informa-  
20                 tion, such as providers specializing in men-  
21                 tal health or substance use disorder treat-  
22                 ment, as determined by the Secretary); and

23                 “(ii) submit a report to the Secretary  
24                 containing the results of such analysis, in-  
25                 cluding an accuracy score for such provider

1 directory (as determined using a method-  
2 ology specified by the Secretary under sub-  
3 paragraph (B)(i)), and other information  
4 required by the Secretary.

5 “(B) DETERMINATION OF ACCURACY  
6 SCORE.—

7 “(i) IN GENERAL.—The Secretary  
8 shall specify methodologies for MA plans  
9 to use in estimating the accuracy of the  
10 provider directory information of such  
11 plans and determining the accuracy score  
12 for the plan’s provider directory.

13 “(ii) CONSIDERATIONS.—In carrying  
14 out clause (i), the Secretary shall take into  
15 consideration—

16 “(I) data sources maintained by  
17 MA organizations;

18 “(II) publicly available data sets;

19 “(III) the administrative burden  
20 on plans and providers; and

21 “(IV) the relative importance of  
22 certain provider directory information  
23 on enrollee ability to access care.

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



1 case of a network-based plan with low enroll-  
2 ment (as defined by the Secretary).

3 “(D) TRANSPARENCY.—Beginning with  
4 plan years beginning on or after January 1,  
5 2027, the Secretary shall post accuracy scores  
6 (as reported under subparagraph (A)(ii)), in a  
7 machine readable file, on the internet website of  
8 the Centers for Medicare & Medicaid Services.

9 “(E) IMPLEMENTATION.—The Secretary  
10 shall implement this paragraph through notice  
11 and comment rulemaking.”.

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

17 “(F) PROVIDER DIRECTORY.—Beginning  
18 with plan years beginning on or after January  
19 1, 2027, the accuracy score of the plan’s pro-  
20 vider directory (as reported under section  
21 1857(e)(6)(A)(ii)) on the plan’s provider direc-  
22 tory.”.

23 (C) FUNDING.—In addition to amounts  
24 otherwise available, there is appropriated to the  
25 Centers for Medicare & Medicaid Services Pro-

1 gram Management Account, out of any money  
2 in the Treasury not otherwise appropriated,  
3 \$1,000,000 for fiscal year 2025, to remain  
4 available until expended, to carry out the  
5 amendments made by this paragraph.

6 (3) GAO STUDY AND REPORT.—

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

14 (i) the use of protections required  
15 under section 1852(d)(7) of the Social Se-  
16 curity Act, as added by paragraph (1);

17 (ii) the provider directory accuracy  
18 scores trends under section  
19 1857(e)(6)(A)(ii) of the Social Security  
20 Act (as added by paragraph (2)(A)), both  
21 overall and among providers specializing in  
22 mental health or substance disorder treat-  
23 ment;

24 (iii) provider response rates by plan  
25 verification methods; and

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

3 (B) REPORT.—Not later than January 15,  
4 2031, 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 stakeholder meeting  
18 to receive input on approaches for maintaining  
19 accurate provider directories for Medicare Ad-  
20 vantage plans under part C of title XVIII of the  
21 Social Security Act (42 U.S.C. 1395w–21 et  
22 seq.), including input on approaches for reduc-  
23 ing administrative burden such as data stand-  
24 ardization and best practices to maintain pro-  
25 vider 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 Office of the Na-  
5 tional Coordinator for Health Information  
6 Technology, health care providers, companies  
7 that specialize in relevant technologies, health  
8 insurers, and patient advocates.

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

20 (A) Best practices for Medicare Advantage  
21 organizations on how to work with providers to  
22 maintain the accuracy of provider directories  
23 and reduce provider and Medicare Advantage  
24 organization burden with respect to maintaining  
25 the accuracy of provider directories.

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

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

9           (D) Information to be included in the pro-  
10 vider directory that may be useful for Medicare  
11 beneficiaries to assess plan networks when se-  
12 lecting a plan and accessing providers partici-  
13 pating in plan networks during the plan year.

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

○