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June 26, 2026

VIA ELECTRONIC SUBMISSION

The Centers for Medicare & Medicaid Services (CMS)
The Office of the National Coordinator for Health Information Technology (ONC)

Re: Section 6220 Provider Directory Meeting re: Implementation of the Requiring Enhanced and Accurate Lists of Health Providers Act (REAL Health Providers Act)

The Medicare Rights Center (Medicare Rights) appreciates this opportunity to provide written comment on **Implementation of the Requiring Enhanced and Accurate Lists of Health Providers Act (REAL Health Providers Act)**. Medicare Rights is a national, nonprofit organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Each year, Medicare Rights provides services and resources to over three million people with Medicare, family caregivers, and professionals.

We are strongly supportive of efforts to make Medicare Advantage provider directories accurate, with up-to-date information about plan participation and practice information. Inaccurate provider directories harm beneficiaries when they attempt to find the care they need or to navigate plan selection. When people are unable to rely on directory information, they may enroll in plans that do not contract with their favored providers or that do not have sufficient network adequacy in their needed specialties or locations. This can lead to harm, including delayed care, interrupted treatment plans, or increased administrative burdens such as the need for special enrollment periods or continuity of care arrangements.

Our comments are informed by decades of assisting people with Medicare in finding in-network providers and enrolling in Medicare Advantage plans that best fit their needs.

1. Data standards and “source of truth” for directory information

We urge CMS to choose a default source of accurate data and suggest that where plan and provider data conflict, provider data are more likely to be accurate.

We also suggest that any new or edited provider data collection should be forwarded to relevant plans (and vice versa) for cross-checking. This is to ensure bad data do not overwrite good (e.g., if a plan were to reupload information the provider had already corrected).

2. Verification approaches, update cadence, and removal of non-participating providers

We urge CMS to establish an easy, transparent method for beneficiary feedback, correction, or reporting of directory inaccuracies. The methods should be available from tools like Medicare Plan Finder and other network or directory information sources. Beneficiary corrections should be immediately forwarded to both the plan and the providers to enable quick action.

Without sufficient incentives, plans and providers may continue to underprioritize accuracy. CMS should ensure incentives, potentially including star ratings measures, enrollment freezes, or other penalties, are in place.

We also urge CMS to archive directory information, including edit dates, to ensure that information that beneficiaries relied on does not disappear.

3. Accuracy score methodology, sampling, reporting, and transparency

As we stated above, we urge the creation of an archiving feature to allow beneficiaries and others to track changes to the database, including dates of edits, to ensure that information that beneficiaries relied on does not disappear as if it had never been. The archive, like the directory and feedback mechanisms, should be tied or linked to Medicare Plan Finder.

We urge CMS also to require some form of public errata reporting, not just aggregate scores, to provide greater transparency and make it more likely that stakeholders will be notified of erroneous directory information.

4. Beneficiary cost-sharing protections and required notices

CMS should ensure that beneficiaries get access to remediation by allowing self-attestation of reliance on incorrect directory information as well as easy access to archived directory information to provide evidence in case the directory errors are corrected.

We also urge CMS to create and require consumer tested model notices to provide the best chance for beneficiaries to read and understand the notice information. This includes clear information about beneficiary options, next steps, contact information for State Health Insurance Assistance Programs (SHIPs) and similar assistors, and any other information people with Medicare need to protect themselves from the harm of incorrect information.

5. Cross-cutting burden reduction and best practices

CMS must prioritize limiting the harm to people with Medicare from incorrect information. There should be as few barriers as possible for people seeking remediation.

Conclusion

Thank you again for the opportunity to provide comments. For additional information, please contact Lindsey Copeland, Federal Policy Director at LCopeland@medicarerights.org or 202-637-0961 and Julie Carter, Counsel for Federal Policy at JCarter@medicarerights.org or 202-637-0962.

Sincerely,

Fred Riccardi

Fred Riccardi
President
Medicare Rights Center