DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201

Date: September 2, 2026
Title: Oklahoma QHP Directory Pilot
Subject: CMS Bulletin on Oklahoma QHP Directory Pilot Data Requirements

I. Purpose

This bulletin provides guidance to issuers participating in the Oklahoma Qualified Health Plan (QHP) Directory Pilot regarding the requirement to use verified provider data provided by the QHP Directory Pilot to update their public-facing provider directories, by the start of the Plan Year 2027 open enrollment period on November 1, 2026. The Centers for Medicare & Medicaid Services (CMS) is issuing this bulletin to ensure that all participating issuers understand necessary obligations and the timeline for compliance.

II. Background

On September 17, 2024, CMS announced a first-of-its-kind pilot with the state of Oklahoma to develop an automated, single, statewide directory for QHPs and providers. The Oklahoma QHP Directory Pilot targets providers and organizational administrators representing health care organizations (or their assigned delegates) who participate in QHPs in Oklahoma. The pilot provides a centralized portal where pre-populated provider directory information can be reviewed, updated, and verified. QHP issuers can then access this data via a Fast Healthcare Interoperability Resources (FHIR) Application Programming Interface (API) and use the data to update their own public-facing provider directories. The Oklahoma Insurance Department (OID) is requiring all QHP issuers (including SADPs) in Oklahoma to participate in the pilot as detailed in Bulletin No. 2025-03. This pilot is part of CMS's ongoing work to improve access to care, reduce clinician burden, and support interoperability throughout the health sector. CMS anticipates upcoming rulemaking to implement statutory provider directory requirements for healthcare providers and facilities under the No Surprises Act. Centralized directories could potentially serve as a practical tool for providers to meet these requirements while reducing the burden of managing directory updates separately across multiple payers.

III. Details on Data Requirement

QHP issuers in Oklahoma are required to establish processes to retrieve verified provider and organization data from the QHP Directory Pilot Portal for their participating providers and organizations, and to use that verified data to update their public-facing provider directories no later than the start of open enrollment on **November 1, 2026**.

Specifically, issuers are expected to:

- Establish access to QHP Directory Pilot data in advance of open enrollment to retrieve verified provider and organization data via FHIR API.

- Communicate the requirement that issuers use verified provider data by November 1,2026, to their participating providers and facilities, and direct those providers and facilities to the QHP Directory Pilot Portal to review, update, and verify their provider directory information prior to the November 1, 2026 deadline.
- Direct network providers and facilities to update any changes promptly within the QHP Directory Pilot Portal, at least within 30 days of the change, and to verify all data within the portal every 90 days. These actions will help minimize liability for healthcare providers and facilities and for payers under section 116 of the No Surprises Act.
- Retrieve QHP Directory Pilot data via FHIR API at least weekly (recommended daily).
- Monitor and confirm that their public-facing provider directories reflect verified data from the Pilot Portal at the start of open enrollment

Questions regarding these requirements, including technical assistance, can be directed to QHPDirectorypilot@cms.hhs.gov.