



Qualified Health Plan Directory Pilot Frequently Asked Questions

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Background and Introduction

Qualified Health Plan (QHP) Directory Pilot

In September 2024, the Centers for Medicare & Medicaid Services (CMS) announced a first-of-its-kind Qualified Health Plan (QHP) Directory Pilot (hereinafter referred to as “the pilot”) to establish and launch an automated, one-stop shop, statewide, provider directory. The pilot is accessed through a QHP Directory Pilot Portal (hereinafter referred to as “the portal”). The pilot aims to improve data accuracy, lessen burden on providers and payers, lower administrative costs, support interoperable data exchange, and ultimately improve patient and provider experiences.

The pilot is being launched in collaboration with the Oklahoma Insurance Department (OID). As its first test market, the pilot targets QHP issuers (including Stand-Alone Dental Plans [SADP]) and their provider networks in Oklahoma.

The portal is officially open for use at cms.gov/QHPDirectoryPilot! Users (including providers, organizational administrators, or their delegates who participate in a QHP in Oklahoma) will have the opportunity to log in, review their data, and verify that their information is accurate and complete.

Upon completion of this pilot, CMS will assess the data to understand results and lessons learned. CMS will rely on users for feedback on ease of use, burden reduction, and any other value-added benefits. This pilot is part of CMS’ ongoing work to empower consumers through technological innovation, improve access to care, reduce clinician burden, and support interoperability throughout the health sector. CMS intends that this pilot will serve as a learning opportunity and may help inform potential future development of a National Directory of Healthcare (NDH).

Below are frequently asked questions (FAQs) and responses about the QHP Directory Pilot.

For answers to additional questions, please contact QHPDirectoryPilot@cms.hhs.gov.



General Information

1. **Question:** What is the QHP Directory Pilot?

- **Answer:** CMS announced a first-of-its-kind pilot to establish and implement an automated, one-stop shop, statewide, centralized provider directory for the test state of Oklahoma. The pilot allows users to access, review, and verify (or correct) prepopulated provider and facility-level data through a QHP Directory Pilot Portal to improve accuracy and reduce burden. The portal and data within the portal will not be consumer-facing; however, QHP issuers will have the ability to pull data from the portal and use it to update their consumer-facing directories via the Health Level Seven International® (HL7®) Fast Healthcare Interoperability Resources® (FHIR®) Application Programming Interface (API).

2. **Question:** What is the goal of the pilot?

- **Answer:** The goal of this pilot is to develop a directory of providers and health care organizations that participate in QHPs in Oklahoma. CMS' intention is that QHP issuers' use of this database will improve data accuracy, lessen burden on providers and payers, lower administrative costs, support interoperable data exchange, and improve patient and provider experiences. Ideally, this pilot will serve as a learning opportunity that an NDH can serve as a single point of entry for providers to regularly confirm or update their directory information, which could lead to better information for health care consumers and may help inform future development of an NDH.

3. **Question:** Who will be participating in the pilot?

- **Answer:** The pilot allows providers and organizational administrators (or their delegates) to review and update their data and gives QHP issuers in Oklahoma access to that data. The portal supports three user types who can log in and directly edit data within the portal:
 - **Providers:** Individual health care professionals practicing in Oklahoma who hold a Type 1 National Provider Identifier (NPI) and are responsible for managing and verifying their own directory data.
 - **Organizational Administrators:** Individuals who represent health care organizations like clinics, hospitals, facilities, and other Type 2 NPI entities practicing in Oklahoma. They are responsible for managing and maintaining accurate information about their organizations.
 - **Delegates:** Third-party administrators or designated staff who manage provider data on behalf of individual providers and/or organizational administrators.

Additionally, issuers and large health care organizations can use the HL7 FHIR API to pull data from the directory.

4. **Question:** How do I manage user roles and permissions within the QHP Directory Pilot portal?

- **Answer:** User roles and permissions are managed through the CMS [Identify and Access Management System](#) (I&A), which manages access to the [National Plan & Provider Enumeration System](#) (NPPES) and the [Medicare Provider Enrollment, Chain, and Ownership System](#) (PECOS). Users may manage staff and authorize others to access information through the CMS I&A. Once roles are assigned in CMS I&A, they are reflected in the portal. All users will use their NPPES credentials to log in to the portal via CMS I&A. If you need NPPES credentials, learn how to obtain them [here](#).



5. **Question:** Is this portal for consumers?

- **Answer:** Currently, this portal is for QHP issuers in Oklahoma, as well as providers and organizational administrators (or their delegates) who participate in a QHP in the state. Consumers will not be able to directly access directory information under this pilot. However, CMS anticipates that consumers may benefit from the pilot through improved data accuracy if QHP issuers then display the data on their own consumer-facing websites.

6. **Question:** Are all health plans in Oklahoma being asked to participate in the QHP Directory Pilot?

- **Answer:** At this time, participation in the pilot focuses on QHP issuers in Oklahoma. The OID is requiring QHP issuers to participate in the pilot as specified in [Oklahoma Bulletin 2025-03](#).

7. **Question:** How will this pilot inform an NDH?

- **Answer:** Lessons learned during this pilot may inform the future build, implementation, and ongoing operation of a national, centralized directory to house and communicate accurate provider data, potentially benefiting other programs like Medicare and Medicaid.

8. **Question:** What is the timeline for the pilot?

- **Answer:** CMS conducted information technology (IT) development for the portal and stakeholder outreach between September 2024 and May 2025. The portal is live as of June 9, 2025. At this time, users should review their prepopulated data, verify the data, and, if necessary, correct any inaccuracies in the portal. CMS will evaluate the results of the pilot in the fall of 2025.



9. **Question:** How often should information in the portal be reviewed and updated, including both individual provider and facility-level data?

- **Answer:** To ensure the most up-to-date information is available to health plans and issuers, users should log in to the portal and perform an initial verification of their data within the first 30 days of pilot launch. To support issuer and health plan compliance with federal requirements for provider directories, providers/facilities must also:
 - Update changes promptly, at least within 30 days of the change, to support existing requirements for QHP issuers to update provider directories at least monthly.¹
 - To align with existing requirements in the No Surprises Act (NSA),² verify the accuracy of all provider directory data at least every 90 days, establish a procedure for removing providers/facilities where information is unable to be verified, and ensure that issuers update their database within 2 days of a directory change from a provider/facility.³ In addition, for providers, the NSA² requires providers and health care facilities submit provider directory information to a plan or issuer at specified times:³
 - When the provider or health care facility begins or terminates a network agreement with a plan or issuer;
 - When there are material changes to the content of provider directory information of the provider or health care facility; and
 - At the request of a plan/issuer.

10. **Question:** How long will this portal be active?

- **Answer:** Throughout its duration, CMS will continue to evaluate the success of the QHP Directory Pilot while it is active in Oklahoma and then determine next steps.

11. **Question:** Will QHP issuers or providers have to change current processes for entering provider information? Does the pilot impact current QHP issuer requirements for maintaining up-to-date provider directory information via the Marketplace machine-readable format and specifications for use in consumer shopping experiences?

- **Answer:** In developing the QHP Directory Pilot portal, CMS engaged with stakeholders on the pilot, aiming to reduce burden for providers and payers. QHP issuer requirements for maintaining up-to-date provider directory information via the Marketplace machine-readable format remain the same. During the pilot CMS expects issuers to pull updated provider data directly from the portal through the HL7 FHIR API to update their own directory systems that are displayed for consumers; CMS would like issuers to do this at a minimum of weekly (but prefers daily). CMS expects issuers to have implemented processes to update their directories with the verified data using the HL7 FHIR API within 30 days of the launch of the portal. During the initial specified pilot period, potentially 3-4 months from the launch of the pilot, CMS asks that issuers direct providers to update information in the portal and limit other requests for information. This does not impact any requests for information related to Medicare or Medicaid.

¹ [45 CFR 156.230\(b\)\(2\)](#) and [2016 Final Letter to Issuers on the Federally-facilitated Marketplaces](#)

² Section 2799B-9 of the Public Health Service Act

³ Section 2799B-9 of the Public Health Service Act; [The No Surprises Act's Continuity of Care, Provider Directory, and Public Disclosure Requirements](#)



12. **Question:** Would updating the QHP Directory Pilot records preclude providers from having to update records directly with individual QHP issuers?
- **Answer:** One of the goals of the pilot is to reduce provider burden and increase administrative efficiencies. As such, providers should update and verify their information in the portal. Throughout this pilot, issuers will be able to pull updated provider data directly from the portal through the HL7 FHIR API to update their own directory systems. By verifying their information, providers can facilitate this data exchange, allowing issuers to have access to the most updated directory information. CMS asks that issuers direct providers to update information in the portal and limit other requests for information.

Open Enrollment

13. **Question:** Will the pilot necessitate changes to HealthCare.gov?
- **Answer:** There are no planned changes to HealthCare.gov as part of the pilot.
14. **Question:** How does this pilot differ from how the HealthCare.gov provider directory works today? Does this pilot mean that the data used on HealthCare.gov are incorrect?
- **Answer:** HealthCare.gov has a longstanding provider lookup feature based on data supplied by QHP issuers. QHP issuers in Oklahoma are responsible for collecting and maintaining these data and ensuring their accuracy. This pilot may provide insight into opportunities for simplifying the process of keeping provider data current.
15. **Question:** One of the goals of the pilot is to improve the accuracy of information available in provider directories and, ultimately, improve the accuracy of information available to consumers and enrollees. Is the provider information for Marketplace plans in Oklahoma accurate on HealthCare.gov, enrollment partner websites (enhanced direct enrollment [EDEs]/direct enrollment [DEs]), and Oklahoma issuer websites during open enrollment? How is CMS ensuring that provider information used by consumers during open enrollment to choose a Marketplace plan is accurate? How can consumers shopping for a Marketplace plan during open enrollment ensure the provider and facility information they are using to make an enrollment decision is accurate?
- **Answer:** An EDE is a pathway for consumers to enroll in health insurance coverage through the Federally-facilitated Exchange (HealthCare.gov) or State-based Marketplaces that use the Federal Platform (SBM-FPs) without needing to visit the HealthCare.gov website. DE sites allow new applicants and existing enrollees (either on their own or by working with a Marketplace-registered agent or broker) to enroll in a QHP and/or SADP offered through the Marketplace in a process that originates through an approved private Entity's website, such as a QHP issuer or web-broker. HealthCare.gov, EDEs/DEs, and Oklahoma issuer websites remain the best resources available for QHP provider information during open enrollment. QHP issuers in Oklahoma are responsible for collecting and maintaining provider directory data and ensuring their accuracy. Consumers may also contact providers and facilities directly to verify in-network status with their QHP issuers of choice.



Roles and Responsibilities

Providers

16. **Question:** What is the provider role in the QHP Directory Pilot?

- **Answer:** Providers are health care professionals practicing in Oklahoma who hold a Type 1 NPI. Within the QHP Directory Pilot portal, providers are responsible for managing and verifying their own directory data. They have direct portal access to verify the accuracy of their information, update their records, and ensure their data remains up to date at all times. These activities allow issuers to pull the provider information into their consumer-facing directories, improving care coordination among providers and access to care for consumers. The provider workflow emphasizes timely updates and regular verification to support regulatory compliance requirements. A provider can appoint a delegate to update and verify information on their behalf. When a provider is also a sole proprietor, they receive organizational administrator credentials to access all record areas for their business.

17. **Question:** Are providers required to input their own data into the portal?

- **Answer:** CMS has extracted provider information from existing data sources (e.g., the NPPES), cleansed it, and prepopulated it in the portal. Providers and/or their delegates should now log in to the portal, review their prepopulated data, and either verify the data or correct any data inaccuracies.

18. **Question:** Can a provider assign portal access to staff members?

- **Answer:** Yes, but the assignment must be set up through the CMS I&A. Refer to the [I&A Quick Reference Guide](#) for instructions on appointing a delegate, referred to in I&A as a “surrogate.” Once assigned in CMS I&A, the delegate will have access to the QHP Directory Pilot portal.

Organizational Administrators

19. **Question:** What is the organizational administrator role in the QHP Directory Pilot portal?

- **Answer:** Organizational administrators are individuals who represent health care organizations like clinics, hospitals, facilities, and other Type 2 NPI entities practicing in Oklahoma. They are responsible for managing and maintaining accurate information about their organizations within the portal. While organizational administrators typically do not update individual provider records, they ensure the organizational structure, practice locations, and facility details are accurate. Their role is essential in keeping network directory information accurate at the organizational level.

20. **Question:** How are organizational administrators identified?

- **Answer:** A health care organization, clinic, hospital, facility, or other Type 2 NPI entity practicing in Oklahoma can appoint an individual as an organizational administrator by identifying them in CMS I&A as they currently would with PECOS. To remove an organizational administrator’s access to the portal, the organization must edit the user’s permissions and roles through CMS I&A.



21. **Question:** Does the portal allow organizational administrators to add additional practice locations?

- **Answer:** The QHP Directory Pilot pulls practice location information for each organization NPI Type 2 from QHP Network Adequacy filings, machine-readable provider directories, and NPPES. If a practice location is missing from an organization's record, please either: 1) add it to NPPES or 2) email our Help Desk at QHPDirectoryPilot@cms.hhs.gov with the subject line "Request to Add a Practice Location" and the following details in the body:
 - Practice location name;
 - Associated organization NPI Type 2;
 - Physical address;
 - Office phone number;
 - The National Uniform Claim Committee ([NUCC](#)) [taxonomy codes](#) of services offered; and
 - Hours of operation.

While we work on adding the missing practice location(s), please go ahead and complete the verification with the information you currently see in the system.

Delegates

22. **Question:** What is the delegate role in the QHP Directory Pilot portal?

- **Answer:** Delegates are third-party administrators or designated staff who manage provider records and organizational profiles on behalf of individual providers and/or organizational administrators. They update provider information, submit verifications, and ensure data accuracy for individual practitioners and organizations by proxy. By providing flexibility and support, delegates reduce the administrative burden on providers and organizational administrators, while maintaining data integrity and compliance across the health care ecosystem. CMS I&A contains the role-based permissions for delegates; these permissions determine the delegate's level of access and available functionality in the portal.

23. **Question:** How are delegates identified?

- **Answer:** A health care provider, organization, clinic, hospital, facility, and other Type 2 NPI entity practicing in Oklahoma can assign a delegate through CMS I&A. All changes to a delegate's access to the portal must be made in CMS I&A. In the QHP Directory Pilot portal, the following roles (as defined in CMS I&A) are considered delegates:
 - For Type 1 NPIs: Authorized Officials (AOs), Access Managers (AMs), Staff End Users (SEUs), and Surrogates
 - For Type 2 NPIs: Staff End Users (SEUs) and Surrogates

For assistance with CMS I&A, please visit [CMS' External User Services](#).

24. **Question:** Why might I as an individual provider, organizational administrator, or delegate be missing expected individual provider or organization records?

- **Answer:** If you are not seeing expected individual provider and/or organization records on your landing page, this may be due to one or more of the following reasons:



- i. **You or the individual providers/organizations you support may not currently practice in Oklahoma.** At this stage, the pilot is limited to individual providers and organizations with a practice location in Oklahoma.
- ii. **You or the individual providers/organizations you support may no longer have active NPIs.** NPIs can be deactivated for a variety of reasons, such as retirement, closure of a practice, etc. If that is the case the provider information would not be displayed. You can verify NPI status at <https://npiregistry.cms.hhs.gov>.
- iii. **You or the individual providers/organizations you support as a delegate or organizational administrator may not be connected to your account.** The QHP Directory Pilot pulls provider and organization associations from CMS I&A — the same system used by NPES, PECOS, and the Program for Evaluating Payment Patterns Electronic Reports (PEPPER). If a provider or organization is missing from your view, please log in to [CMS I&A](#) to confirm that they are connected to your account, and if they are not, please follow the instructions to add a provider.
- iv. **The individual provider specialty is not currently included in the pilot.** Most provider specialties *are* supported, but a small number of specific taxonomy codes fall outside the current pilot scope. Please refer to the table below to see if a provider's taxonomy code is excluded from the pilot.

QHP Directory Pilot Taxonomy Exclusions

Taxonomy name	Taxonomy code
Behavior Technician	106S00000X
Continuing Education/Staff Development Registered Nurse	163WC1600X
Independent Duty Corpsman	1710I1002X
Case Manager/Care Coordinator	171M00000X
Contractor	171W00000X
Home Modifications Contractor	171WH0202X
Driver	172A00000X
Community Health Worker	172V00000X
Legal Medicine	173000000X
Graphics Designer	1744G0900X
Health Educator	174H00000X
Veterinarian	174M00000X
Peer Specialist	175T00000X
Funeral Director	176P00000X
Pharmacist	183500000X
Emergency Medicine Pharmacist	1835E0208X
Geriatric Pharmacist	1835G0303X
Pediatric Pharmacist	1835P0200X



Pharmacotherapy Pharmacist	1835P1200X
Pharmacy Technician	183700000X
Multi-specialty Group	193200000X
Single Specialty Group	193400000X
Hearing Instrument Specialist	237700000X
Perfusionist	242T00000X
Phlebotomy Technician	246RP1900X
Physician Office-based Coding Specialist	246YC3302X
Chore Provider	372500000X
Personal Care Attendant	3747P1801X
Religious Nonmedical Practitioner	374K00000X
Homemaker	376J00000X
Student in an Organized Health Care Education/Training Program	390200000X

If none of the above apply or you are unsure how to proceed, please reach to our Help Desk at QHPDirectoryPilot@cms.hhs.gov, and we will work with you to resolve the issue.

Issues

25. **Question:** What roles do issuers and health plans have in the QHP Directory Pilot portal?

- **Answer:** The pilot will utilize a FHIR API to enhance data exchange and collaboration across health plans. QHP issuers can use the data from the portal to update the information they display for providers on their own consumer-facing websites as well as machine-readable data used to populate the provider lookup feature on HealthCare.gov. QHP issuers will also encourage provider participation in the pilot. CMS will work with QHP issuers to deliver messages and guidance about the pilot to providers. At this time, participation in the pilot is limited to all QHP issuers in Oklahoma and does not include non-QHP issuers. The OID is requiring QHP issuers to participate in the pilot.

26. **Question:** How should issuers use this data?

- **Answer:** Issuers can use the FHIR API to pull data in bulk or on a per-provider basis from the QHP Directory Pilot Database to update their own consumer-facing provider directories as well as machine-readable data with the most current and accurate information available.



Data Strategy and Portal Design

27. **Question:** What data are included in the QHP Directory Pilot?

- **Answer:** CMS held discussions with stakeholders to consider what data components are most helpful. Basic provider demographic data (e.g., name, location, specialty) are included as well as organizational information (e.g., address, phone number, fax number, NPI). Information on the days and hours a provider is working at a specific location is also available.

28. **Question:** Does the portal show whether a provider is accepting new patients?

- **Answer:** Yes. Under the Practice Locations section for each practice location, there is a list of QHP insurance plans in Oklahoma. When issuers pull data using the HL7 FHIR API to update their public-facing portals, this information helps ensure patients and referring providers have accurate, up-to-date details about availability. For each plan, providers can indicate one of the following statuses:
 - i. **Insurance Not Accepted:** This provider does not accept the selected insurance plan.
 - ii. **Not Accepting New Patients:** This provider is only seeing existing (established) patients and is not accepting any new patients at this time.
 - iii. **Accepting New Patients:** This provider is currently welcoming new patients and is available for scheduling appointments.
 - iv. **Accepting New Patients with Limitations:** This provider is accepting new patients under specific conditions—such as by referral only, through a hospital or affiliated facility, for company employees or family of existing patients, or with certain age restrictions (e.g., pediatric or adult patients only).

29. **Question:** Is tax ID or Tax Identification Number (TIN) included as a data component in the portal?

- **Answer:** CMS included TIN as a data component in the portal. CMS welcomes feedback on which data components are most valuable to consumers, providers, and issuers.

30. **Question:** How are data inaccuracies addressed?

- **Answer:** CMS developed a data strategy to improve the quality of directory data available to CMS and QHP issuers to reduce provider and QHP issuer burden in maintaining provider network directories. As part of this strategy, CMS identified and mapped critical provider data from CMS and Department of Health and Human Services systems, assessed data quality and identified high-value and high-quality sources, and compared available data sources to improve and validate data accuracy. The goal of this data strategy was to address as many data inaccuracies as possible prior to the launch of the portal. Users then have the ability to review, verify, and, if necessary, edit or update information in the portal.



31. **Question:** How is CMS ensuring data privacy?

- **Answer:** Personally Identifiable Information (PII) in the QHP Directory Pilot is used for authorized purposes only. PII is used to:
 - Provide access to the QHP Directory Pilot.
 - Communicate important updates or respond to inquiries.
 - Verify your identity and maintain the integrity of our systems.
 - Comply with federal laws and regulations.

To protect your information, CMS implements administrative, technical, and physical safeguards to ensure the security and confidentiality of your PII. These measures include encryption, access controls, and secure data storage to protect against unauthorized access, disclosure, or misuse.

32. **Question:** What information in the portal is kept private and not publicly shared?

- **Answer:** CMS will not publicly publish any of the information submitted through the portal. However, certain fields—excluding specific PII, such as tax identification number—may be accessed by health plan issuers through API data pulls. This allows issuers to update their own public-facing provider directories with the most up to date and accurate information available.

33. **Question:** Will my PII be shared?

- **Answer:** CMS does not sell or share your PII for commercial purposes. We may disclose your PII only when required by law, for legitimate government functions, or with authorized entities to facilitate program operations, as permitted under applicable privacy laws and regulations.

Technical Questions/Portal Functionality

Portal Access/Logging In

34. **Question:** How do I access the QHP Directory Pilot portal?

- **Answer:** Providers and organizational administrators (or their delegates) can access the portal at www.cms.gov/qhpdirectorypilot using a secure login provided by the [CMS I&A Management System](#) via [NPPES](#). All users will use their NPPES credentials to securely log in to the portal. If you need NPPES credentials, learn how to obtain them [here](#).

On the day the pilot begins, providers and organizational administrators who have an NPI number and their delegates (or “surrogates” as established by CMS I&A), which are users able to update a provider’s record, will receive an email that includes instructions on how to log in and participate in the pilot. If you did not receive an email and believe you should participate in the pilot, please send your inquiry to QHPDirectoryPilot@cms.hhs.gov.



35. **Question:** What should I do if I forget my password?

- **Answer:** If you forget your password, you can reset it by clicking the **Forgot Username / Password** link on the Login page. This action will direct you to reset your NPPES password through CMS I&A. For login inquiries, please contact the NPI Enumerator Contact Center at 1-800-465-3203 for support.

General Technical Information

36. **Question:** Who do I contact for technical support?

- **Answer:** For technical issues, contact the Help Desk via QHPDirectoryPilot@cms.hhs.gov with details regarding your issue.

37. **Question:** Where can I find additional resources about the QHP Directory Pilot portal?

- **Answer:** Additional resources, including a User Guide, Frequently Asked Questions (FAQs), and a Fact Sheet are available through the QHP Directory Pilot portal's main navigation menu.

38. **Question:** What should I do if I encounter an error in the QHP Directory Pilot portal?

- **Answer:** Please report all errors to CMS via the Help Desk email, QHPDirectoryPilot@cms.hhs.gov, providing as much detail as possible about the issue.

39. **Question:** Where can I view my last login date?

- **Answer:** The QHP Directory Pilot portal displays the date a provider last verified their data in the top navigation menu bar. However, the menu bar does not show the last login date if changes were not made during that session.



Data Verification Process

40. **Question:** How do I verify the accuracy of my data?

- **Answer:** When you log in to the QHP Directory Pilot portal for the first time, you need to review and verify your prepopulated information. The portal guides each user type—provider, organizational administrator, or delegate—through categories of information specific to their role. After reviewing and updating their information, users verify the accuracy of their data by clicking **Submit**.
- To ensure the success of the pilot, users should log in and perform an initial verification of their data within the first 30 days of pilot launch.
- The QHP Directory Pilot portal uses color coding to indicate verification statuses. Color indicators are based on the 90-day verification requirement.
 - **Verification in Good Standing:** If **less than 60 days** have passed since the last verification date, the Verify By tag will show **gray**.
 - **Verification Due Soon:** If **60-89 days** have passed since the last verification date, the Verify By tag will show **yellow**.
 - **Verification Due Immediately:** If a record has **never been verified** or **90 or more days** have passed since the last verification date, the Verify By tag will show **red**.

41. **Question:** Where can I update my NPI information?

- **Answer:** You cannot edit your NPI in the QHP Directory Pilot portal. If the NPI listed is incorrect, contact the NPI Enumerator Contact Center at 1-800-465-3203, email for support at customerservice@npienumerator.com, or learn [How to Apply for an NPI](#).

42. **Question:** Can organizational administrators update multiple practice locations at once?

- **Answer:** Not currently. Organizational administrators must update the data for each practice location individually, even if the changes are the same across multiple entries. CMS is exploring a bulk edit feature, which allows updates to shared fields across multiple practice locations, for a future release.

43. **Question:** What information is required for provider verification?

- **Answer:** To ensure your demographics are accurate and up to date, fields marked with an asterisk (*) are required. These fields include:
 - Provider name
 - Professional contact information (mailing address, phone number, and email)
 - Primary specialty(ies) you practice
 - Credentials
 - State licensure information
 - At least one active practice location

Some demographic information is required. Certain fields provide the option to select “Prefer not to say,” while other demographic information is optional.



44. **Question:** How does a provider or delegate edit the name and address of a practice, clinic, or facility in the QHP Directory Pilot portal?

- **Answer:** While providers and delegates can add or remove practice locations associated with a provider's profile, they cannot edit specific details (e.g., name, address) of the facility, clinic, or practice. Only the organizational administrator for that location can make such changes. If a provider or delegate identifies an inaccuracy, they must contact the organizational administrator to report it.

45. **Question:** How does a provider verify their practice information in the QHP Directory Pilot portal?

- **Answer:** The provider's practice information refers to the details collected about the clinic, practice, or facility where they work. This information includes the specialty(ies) practiced, the days and times the provider is available at that practice location, and other important practice details. See "Provider Review and Verification" in the User Guide for additional information on updating practice information.

46. **Question:** Does the portal allow providers to add additional practice locations?

- **Answer:** Yes, a provider can add practice locations to their profile. To do so, click the **Add a Practice** button located at the top of the Practice Information section. From there, you can search for your practice by name or street address. If you are unable to find your practice in the search results, please contact the Help Desk for further assistance by navigating to the Main menu and clicking **FAQs and Support** or sending an email to QHPDirectoryPilot@cms.hhs.gov. If your practice location is incorrect, contact your organizational administrator.

47. **Question:** When switching practices, what changes need to be made in the QHP Directory Pilot portal?

- **Answer:** All changes in practice location need to be updated as soon as possible; specifically, within 30 days of the change to support health plan compliance with Exchange requirements for QHPs. Specifically, the NSA⁴ requires providers and health care facilities to submit provider directory information to a plan or issuer when there are material changes to the content of provider directory information of the provider or health care facility, including when switching practices. In addition, the NSA⁵ requires verifying the accuracy of all provider data every 90 days, and that issuers update their database within 2 days of a directory change from a provider/facility. When updating your practice location, be sure to remove any outdated practice locations as well. See "Provider Review and Verification > Practice Locations" in the User Guide for additional information on updating practice location.

⁴ [Section 2799B-9 of the Public Health Service Act](#)

⁵ [Section 2799A-5 of the Public Health Service Act](#)



48. **Question:** When a provider is no longer seeing patients at a particular practice location, what changes should they make in the QHP Directory Pilot portal?

- **Answer:** If you are no longer working at that practice location, you can remove it entirely by clicking the **Remove Practice** option at the bottom of the Practice Information section. If you are still affiliated with the practice, but no longer seeing patients at that practice location, update your availability by removing the days you work there. Additionally, under each insurance plan listed for the removed practice location, select the **Not accepting this insurance** option.

49. **Question:** Which specialties should a provider indicate?

- **Answer:** Providers should only list specialties they are actively practicing on the Professional Profile area of the portal. See “Provider Review and Verification > Professional Profile” in the User Guide for additional information on updating specialty information.

50. **Question:** Where can a provider update their languages spoken?

- **Answer:** A provider can update their languages spoken for both Demographics and Practice Locations. See “Provider Review and Verification > Demographics” and “Organizational Administrator Review and Verification > Practice Locations > Location Information” in the User Guide for additional information on updating languages spoken.

Feedback and Engagement

51. **Question:** How did CMS engage with stakeholders about the pilot?

- **Answer:** CMS has worked closely with QHP issuers, providers, health systems, consumer groups, and other interested parties on this pilot. CMS held an initial series of stakeholder listening sessions in fall 2024 and additional user feedback sessions between January and April 2025.

52. **Question:** How can an issuer, provider, or facility provide feedback to CMS on the pilot and/or their experience?

- **Answer:** CMS welcomes ongoing feedback regarding this pilot via our email mailbox at QHPDirectoryPilot@cms.hhs.gov. Please include “feedback” in the subject line.