



May 19, 2026

## **CMS–ONC Public Stakeholder Meeting**

### **Implementation of Section 6220 of the Consolidated Appropriations Act, the Requiring Enhanced and Accurate Lists of Health Providers Act (REAL Health Providers Act)**

The Centers for Medicare & Medicaid Services (CMS), in collaboration with the Office of the National Coordinator for Health Information Technology (ONC), will host a public stakeholder meeting to gather input on implementing Section 6220 of [Public Law 119-75, the “Consolidated Appropriations Act, 2026,”](#) titled the REAL Health Providers Act. This law includes new requirements beginning in plan year 2028 for Medicare Advantage (MA) plans to maintain accurate provider directories, strengthen accountability, and protect beneficiaries when they rely on incorrect directory information.

#### **Meeting purpose**

CMS and ONC are seeking structured, implementation-focused input on:

- Practical approaches to improving provider directory accuracy
- Reducing administrative burden on providers and plans
- Data standardization and “source of truth” strategies for directory updates
- Best practices for verifying directory information and correcting inaccuracies
- Approaches to developing a provider directory accuracy score and public transparency mechanisms

#### **Who should participate**

CMS welcomes participation from:

- **Health care providers and suppliers**
- **Companies that specialize in relevant technologies** (e.g., provider data management, directory solutions, interoperability, verification tools, and data standards)
- **Health insurers**, including Medicare Advantage organizations and other health plans
- **Patient advocates**

#### **Meeting details**

- **Date:** June 15, 2026
- **Time:** 1:00 PM EST.
- **Duration:** 2 hours

- **Format:** Virtual public meeting (recorded, with transcript) + written comment period
- **Registration:** [REAL Health Providers Act Public Meeting](#) | [Meeting-Join](#) | [Microsoft Teams](#)

### **How to participate during the meeting**

To support broad participation and keep the discussion focused on implementation:

- CMS will organize public input using **topic-based sections** (outlined below).
- A separate breakout room will be used to gather more direct input from participants.
- Oral comments may be **time-limited (for example, 2 minutes)** to allow more participants to speak.
- Participants will be asked to state **name and organizational affiliation/role** (e.g., provider, plan, vendor, patient advocate, beneficiary).

**Please do not share private personal health information or beneficiary-specific case details** during oral comments.

### **Topics for structured input (high-level)**

CMS and ONC will solicit input on the following sections:

1. **Data standards and “source of truth” for directory information**
2. **Verification approaches, update cadence, and removal of non-participating providers**
3. **Accuracy score methodology, sampling, reporting, and transparency**
4. **Beneficiary cost-sharing protections and required notices**
5. **Cross-cutting burden reduction and best practices**

### **Written comments**

Stakeholders are encouraged to submit written comments to ensure CMS captures detailed recommendations.

- **Submit written feedback by:** June 29, 2026
- **Email:** [Partnership@cms.hhs.gov](mailto:Partnership@cms.hhs.gov)
- **Subject line:** “Section 6220 Provider Directory Meeting – Written Comment”

### **Contact**

For meeting logistics or questions, contact:

**Email:** [Partnership@cms.hhs.gov](mailto:Partnership@cms.hhs.gov)

Thank you for helping CMS and ONC implement Section 6220 of the REAL Health Providers Act in a way that improves directory accuracy, strengthens beneficiary protections, and reduces unnecessary burden