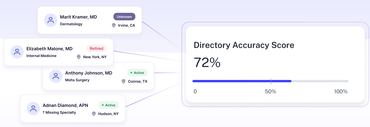
2027 COMPLIANCE BRIEFING

Your 2028 deadline is really October 15, 2027

Provider directory accuracy is becoming a reportable, **and soon public**, compliance metric. The job is changing: from maintaining directories to actively verifying, measuring, and reporting accuracy.

The first compliant directory will be posted October 15, 2027.



WHY IT MATTERS

Ghost networks now carry a price tag.

From plan year 2028, the plan absorbs the cost when a member relies on a wrong listing. Inaccuracy stops being a service problem and becomes a claim liability.

Error rates found in CMS audits of Medicare Advantage directories

The new window to pull a departed provider from every directory

WHAT A WRONG DIRECTORY COSTS

- Delayed care
- Higher call center volume
- Out-of-network cost exposure
- Regulatory penalties
- Damaged member trust

THE 5 REQUIREMENTS

What the Requiring Enhanced and Accurate Lists of (REAL) Health Providers Act requires

EVERY 90 DAYS

90-Day Verification

Verify every provider record at least every 90 days. Documented. Timestamped. Audit-ready.

5 BUSINESS DAYS

5-Day Removal

Remove providers within 5 business days of confirmed departure.

EACH PLAN YEAR

Annual Accuracy Audit

Run a random sample analysis with an accuracy score; sample must include specialties with high inaccuracy rates (mental health, substance use disorder, etc.).

MEMBER COST

Member Cost-Sharing Protection

Absorb added costs when members rely on inaccurate in-network information. Notice is required: before the annual election period, in the directory, and in the EOB.

VISIBLE TO MEMBERS

Unverified Record Flags

Display a visible indicator on any record not verified within 90 days.

MEMBER ACCESS

Expanded Required Fields

Carry accommodations for people with disabilities, cultural and linguistic capabilities, and telehealth capabilities.

THE TIMELINE

The dates that matter.

Feb 2026
REAL Act signed into law.

Early 2027
HHS implementation guidance is due; industry commentary expects it closer to mid-2027.

Oct 15, 2027
The PY2028 directory posts and member cost-sharing notices go out. **This is the real deadline. The work has to be finished by October 2027.**

Jan 1, 2028
90-day clock, 5-day removals and cost-sharing protection take effect. Accuracy audits begin and scores go public in 2029.

The PY2028 directory posts on Oct. 15, 2027. **It's time to act, now.**

THE OPEN QUESTION

Nobody has decided how the score will be calculated.

UNVERIFIED

IF PLANS GRADE THEIR OWN DATA

- Field-level checks against the plan's own records
- Confirms internal consistency, not reality
- Cannot catch a provider who moved, retired, or left the network
- Produces scores in the high 90s
- Publishes a number members will not recognize

VERIFIED

IF PLANS ARE MEASURED AGAINST OUTSIDE SOURCES

- Cross-source checks: NPPES, provider attestation, claims activity
- Phone verification of real appointment availability
- Audit-ready documentation that catches the failures members actually hit
- Produces a lower and far more defensible score

YOUR 2027 PRIORITIES

5 moves to make now.

1

Establish a baseline

Measure accuracy by specialty, geography, provider type, and high-risk fields like the ones shown below.

Start with mental health and SUD, as that is where the statute points the sample.

Location · Network status · Availability

2

Map your workflow gaps

Find where processes break: roster ingestion, departure detection, verification timing, downstream updates.

Determine if 5 business days is feasible.

3

Build audit-ready measurement

Prove when a record was verified, what changed, and what source confirmed it.

4

Move beyond manual attestation

90-day cycles and 5-day removals don't scale by hand. You need continuous validation.

6

Reopen provider contracts

2027 is the last clean window to write update obligations into provider agreements. CMS has pointed to contract terms as a legitimate way to meet the duty.

THE BIGGER SHIFT

Accuracy is going public.

INTERNAL METRIC

TODAY

Today, directory accuracy is a private, internal number.

PUBLIC SCORE

FROM 2029

In 2029, your data accuracy will be exposed to the public.

From 2029, it becomes:

- A regulatory reporting requirement
- A member-facing trust signal
- A public score tied to plan credibility

What used to be a back-office data problem is becoming a front-door performance metric.

Candor Health

Continuous validation is the answer to 2028 and 2029.

Most plans aren't struggling to understand the rule. **They're struggling to operationalize it.** Fragmented systems, manual workflows, and slow update cycles can't hit a 90-day clock.

Candor Health treats provider data as a living asset: continuously validated across tens of thousands of sources, audit-ready, and measured on what regulators actually check, which is whether a member can reach that provider.

Get ahead of 2028 compliance.
Start measuring accuracy now.

Get a demo →