



10/27/25 WEDI FEDERAL UPDATE

CMS Contracts Signal Commitment to Development of National Provider Directory. On September 30, the Centers for Medicare & Medicaid Services (CMS) awarded [four contracts](#) of \$1 each to Availity, LLC, Council for Affordable Quality Healthcare, Inc, Gainwell Technologies, LLC, and Palantir Technologies, Inc. The stated purpose of the contracts is to procure information technology services to develop proof of concepts of a National Provider Directory. The awarding of these contracts is the latest action taken by CMS to create a National Provider Directory. In October 2022, CMS published a [request for information](#) on the establishment of a National Directory of Healthcare Providers & Services that could serve as a national, centralized data hub for individual and facility providers. A National Provider Directory was included in the July 30 “[Make Health Tech Great Again](#)” event hosted by CMS and was described as a Fast Healthcare Interoperability Resources-based Application Programming Interface that will enable finding of provider networks, participants, and relevant endpoints.

U.S. Senate and House Reintroduce Safe Step Act. In the Senate, Sen. Lisa Murkowski (R-AK) introduced [S. 2903](#), and in the U.S. House, Rep. Rick Allen (R-GA) introduced [H.R.5509](#), both titled the “Safe Step Act” to address prior authorization needs for medication prescribing. The bills call for specific exceptions for medication step therapy protocols. The exceptions included in the bill are when: (i) the medication or treatment required under the protocol has been previously ineffective; (ii) a delay of effective treatment would lead to severe harm or worsen disease progression; (iii) the treatment required under the protocol is reasonably expected to be ineffective; (iv) treatments required under the protocol are contraindicated for the patient; (v) treatment required under the protocol will affect the patient’s activities of daily living; and (vi) the patient is stable on the treatment prescribed that was previously approved by any health plan. The bill also requires the development and use of a standard form, both paper and electronic, and data to be reported to request the exception. Health plans will be required to provide instructions on the exception request process and forms on their website. The Senate bill has been referred to its Health, Education, Labor, and Pensions Committee, and the House bill has been referred to its Education and Workforce Committee.

Facilitated FHIR Implementation SOP Posted for Review, Responses Due November 14. The Facilitated [FHIR Implementation Standard Operating Procedure \(SOP\) v2.0](#) was posted for review on the Trusted Exchange Framework and Common Agreement™ (TEFCA™) *Topics in*

Change Management webpage with a deadline of November 14 for responses. The TEFCA™ Topics in Change Management webpage was launched by the Assistant Secretary for Technology Policy (ASTP), the Sequoia Project (the Recognized Coordinating Entity), and the TEFCA™ governance bodies. Items under consideration for amendments to the Framework Agreements, technical requirements, and SOPs are posted here allowing for transparency into any changes.

Sequoia Project's Privacy & Consent Workgroup Seeking Comments on Sensitive Data Guidance Document. The Sequoia Project's Privacy & Consent Workgroup released the draft "[Guidance to States: Legislating Technical Standard Definitions for Existing State Sensitive Health Data Laws](#)" and is requesting feedback on it by November 26. The intent of the guidance is to create a unified approach for state-level sensitive health data laws that address state-specific needs while allowing data exchange across systems. Developing a shared technical language based on existing is viewed by the Workgroup as an initial step in their ongoing work to support the adoption of standardized approaches for sensitive health data. Feedback on the draft guidance can be sent to InteropMatters@sequoiaproject.org.

OIG Finds Inaccuracies in Medicare Advantage and Medicaid Managed Care Behavioral Health Provider Networks. The Department of Health and Human Services' (HHS) Office of Inspector General (OIG) released a report titled "[Many Medicare Advantage and Medicaid Managed Care Plans Have Limited Behavioral Health Provider Networks and Inactive Providers](#)" that found various inaccuracies in Medicare Advantage and Medicaid managed care provider networks for behavioral health providers. The OIG's review focused on four Medicare Advantage and two Medicaid managed care plans in five urban and five rural counties in Arizona, Iowa, Ohio, Oregon, and Tennessee. Many Medicare Advantage and Medicaid managed care plans were found to have inaccuracies in the provider network data contributing to fewer providers available to provide services. Based on the findings, the OIG is recommending that CMS take additional steps to: (i) Improve the accuracy of network directories in Medicare Advantage; (ii) Work with States to improve the accuracy of network directories in Medicaid managed care; and (iii) Continue to explore the potential for a nationwide provider directory to reduce inaccuracies.

CDT Updates for 2026. The American Dental Association (ADA) released the [Current Dental Terminology \(CDT\) 2026](#) version, which includes 31 new codes, 14 revisions, 6 deletions, and 9 editorial changes. CDT is named in the Health Insurance Portability and Accountability Act as a medical code set. These changes are effective on January 1, 2026. Per the ADA, the changes are the result of new dental technology and practices. The CDT code changes include point-of-care saliva testing, testing for a cracked tooth, implant maintenance procedures, administration of anesthesia, and creation of a duplicate denture.

New Hampshire's New Law Prevents Surprise Ambulance Bills. New Hampshire Governor Kelly Ayotte signed [Senate Bill 245](#) into law, which prohibits surprise ground ambulance billing and regulates ground ambulance reimbursement. The legislative language specifically states that when a person with benefits that cover ground ambulance services receives these services, the ground ambulance provider is prohibited from balance billing beyond the cost-sharing requirement of the benefit regardless of whether the ground ambulance provider is a participating provider or a nonparticipating provider. The new requirement takes effect on January 1, 2026.

IHI Releases Paper on Advancing Health Equity. The Institute for Healthcare Improvement (IHI) released a white paper titled [“Advancing Health Equity: An Approach to Systematically Identify and Evaluate Health Disparities”](#) focused on identifying and measuring health care equity. IHI is a not-for-profit health care improvement organization that has been applying evidence-based quality improvement methods to address health care challenges. The white paper details the importance of standardizing health equity measurement, a four-step measurement approach, examples in health care settings, and additional information on health equity and disparities. The intent is for the paper to be a practical guide that organizations can use to measure and report equity data.