SEPTEMBER ROUNDTABLE

Q3 Roadmap Updates

Q3 2026 roadmap topics for Health Plans, with the releases that landed in the last month.

RevSpring

August 2026

Agenda

01 Data Management

Rob Wheaton · Sophia Villalta · Morgan Beschle

Payer Data Platform · Data Intake Modernization · Virtual Care Matching · Behavior Health Expansion

02 Cost & Search

Amy Wininger

Cost in Search GA · Ask Transcripts · Hospital Quality Measures & HCAHPS · NCQA Med 14

03 Compliance

Sophia Villalta · Marie Shea

Medicare Plan Finder Phase 2 · FHIR API Compliance · Medicaid Revalidation Messaging · REAL Health Providers Act

04 Guide for Payers

Jamie Zack

Guide Ranking Algorithm (MVP) · Recommended Results · Map Inline with Search Results

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SECTION 01

Data Management

Coming up: Payer data management — Data Foundations & Kyruus Connect · Data intake improvements · Enterprise health plan MCP · Virtual care matching · Octave GTM

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Rob Wheaton · Marie Shea · Sophia Villalta

PLATFORM ARCHITECTURE

The Provider Data Platform: One Stack, Sold Whole or By the Slice.

THE STACK

Activation & Delivery
Publish via API, direct client database connections, and Enterprise MCP

Governance & Network Intelligence
Review, approve, and analyze access gaps and care deserts

Compliance & Attestation
No Surprises Act and REAL Act readiness

Enrichment
Retail-grade photos, scheduling, reviews, and AI-generated content

Validation & Signal Intelligence
Predict drift, detect ghost networks, verify against validated sources

Ingestion, Transformation, & Data Lineage
Unify disparate data into one source of truth

MODULAR

- [x] **Activation & Delivery**
- [x] **Governance & Network Intelligence**
- [ ] **Compliance & Attestation**
- [x] **Enrichment**
- [ ] **Validation & Signal Intelligence**
- [x] **Ingestion, Transformation, & Data Lineage**

Differentiated as a platform.
Viable layer by layer.

THE END STATE

One accurate view of every clinician and location—where they practice and whether they're active.

Lower ghost-network risk. Faster member access.

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Bringing enterprise reliability for HP data intake

Reducing Escalations & Time to Resolution

Today's Challenges

Manual remediation: Many intake failures require manual troubleshooting, adding delay

Detection gaps: Stale or missing files can go unnoticed for extended periods with no proactive alert

Alerting reliability: Load notifications stopped generating for a period, and internal monitoring missed it

Shared infrastructure risk: A shared file server means one bad data load can block other unrelated transfers

What Changes Going Forward

Faster Delivery, Less Operational Toll

A single automated pipeline replaces fragmented, manual processing – cutting cycle times and shrinking end-to-end processing time, even for the largest files

Stronger Monitoring, Faster Response

Real-time monitoring and instant log correlation catch ingestion errors as they happen. Consolidated, traceable logging ensures a complete audit trail for every file submitted

Stronger Reliability and Risk Control

Lower pipeline failure risk with clear recovery paths when upstream issues occur. Built-in isolation and safeguards mean one customer's bad data can no longer block or delay another's transfers

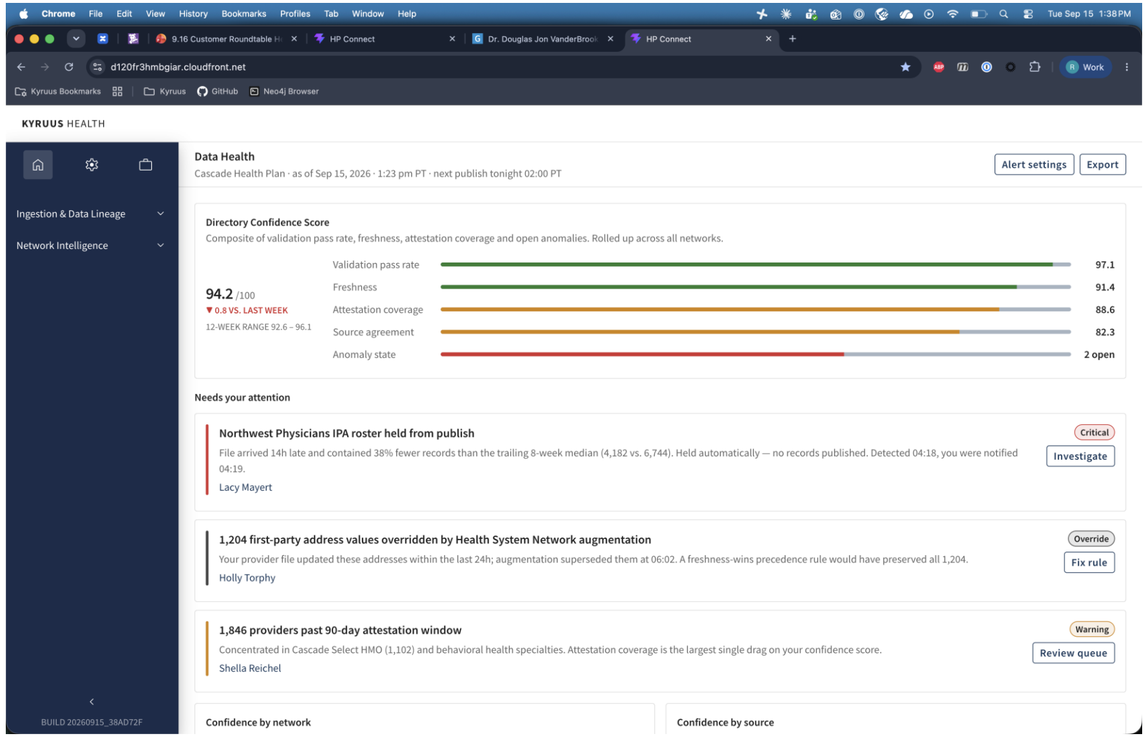
Zero-Friction Upgrades

100% business continuity is preserved through the transition. Every change is validated in parallel before cutover, with strict checks guaranteeing no disruption to existing integrations

Data Management Prototype

Reach out to your CSP for a conversation

- Where do you want to receive notifications about your provider data?
- What do you think of our demo?
- When your payer data goes out of sync across systems—how do you typically find out about it?
- How often do you need to investigate "why did this data change?" or trace a data issue back to its source?
- Where should we focus our integration effort: Facets, HealthEdge, Salesforce?



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BEHAVIORAL HEALTH ACCESS FOR HEALTH PLANS

Octave WiseMatch

COMING SOON

Behavioral health is one of the highest-volume categories members search in your directory—and one of the lowest-converting. Most members who try never reach a calendar.

4M

Behavioral health searches ran on the Kyruus Health platform in 2025 alone.

32%

Of care seekers start inside their health plan's own directory, not a third-party site.

Kyruus Health platform search volume, 2025.
Kyruus Health Care Access Benchmark Report for Health Plans, 2024.

THE SOLUTION

What WiseMatch Adds

COMING SOON

Enrichment inside the directory you already own—no re-platforming.

Retail-Grade data

Photos and bios give members the confidence and connection they need to choose the right provider.

Real-time availability

Live availability inside Find Care, so members stop guessing who is taking patients.

Direct scheduling

Embedded booking in the same session as the search, without leaving your experience.

NEXT STEP

Request an overlap analysis to see how many WiseMatch NPIs are in your network.

NOT USING AUGMENTED DATA YET?

Not yet passing scheduling links, provider photos, and bios? Reach out to see what augmentation makes possible.

PARTNER OPPORTUNITY

Activate Preferred Provider Data & Scheduling via Zocdoc

Integrate Zocdoc provider data, live availability, and direct scheduling into Find Care.

Provider data and live availability

Zocdoc provider profiles and real-time availability flow straight into Find Care.

Direct scheduling in session

Members book directly inside your own member search experience.

Field enablement does the outreach

Zocdoc's team actively recruits your preferred, highest-value providers onto the platform.

THE RESULT

More of your top-tier network becomes bookable in real time inside your member search experience, without you running the provider outreach yourself.

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SECTION 02

Cost & Search

Recently released (Aug 19–Sep 9): HQM & HCAHPS in Quality Measures · Ask conversational AI enhancements · Unified Search typeahead
Coming up: Filter & sort by rating · Cost in Search · NCQA Med 14 · Side-by-side Search Map

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Amy Wininger

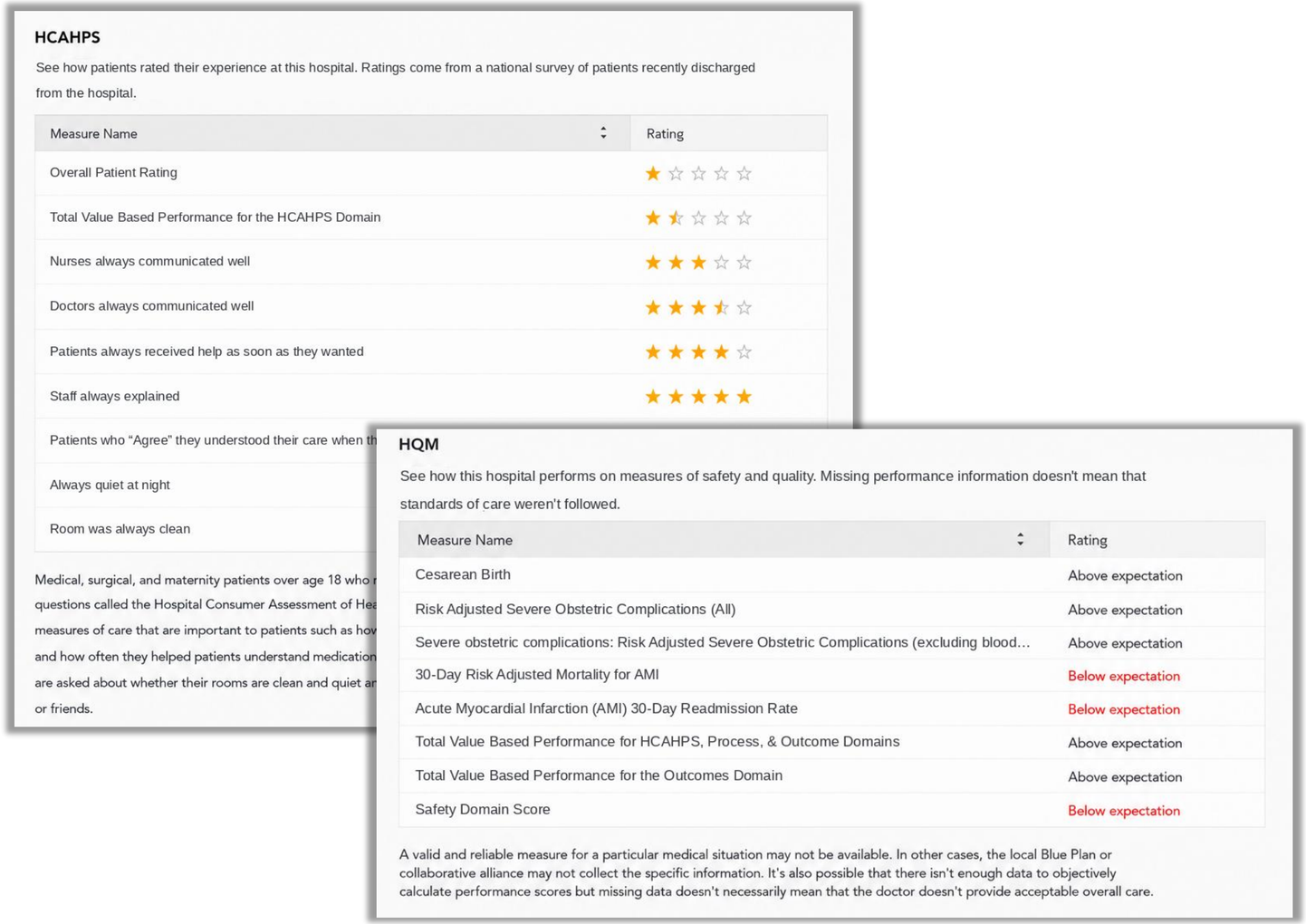
Hospital Quality & Patient Experience, in One View

For All Blues: surface national CMS quality data members can trust

HQM- Clinical Quality at a Glance:
Hospital Quality Measures (HQM) shows how a hospital performs on safety and quality vs. national benchmarks (infection rates, outcomes, and more).

HCAHPS- What patients actually say: HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) reflects real patient feedback on communication, cleanliness, and overall experience, shown as a simple star rating.

Together, One Trusted View for Members:
A fuller picture of hospital quality on the profile, so members can choose care with confidence.



HCAHPS

See how patients rated their experience at this hospital. Ratings come from a national survey of patients recently discharged from the hospital.

Measure Name	Rating
Overall Patient Rating	★☆☆☆☆
Total Value Based Performance for the HCAHPS Domain	★½☆☆☆
Nurses always communicated well	★★★☆☆
Doctors always communicated well	★★★½☆
Patients always received help as soon as they wanted	★★★★☆
Staff always explained	★★★★★
Patients who “Agree” they understood their care when th	
Always quiet at night	
Room was always clean	

Medical, surgical, and maternity patients over age 18 who r
questions called the Hospital Consumer Assessment of Hea
measures of care that are important to patients such as hov
and how often they helped patients understand medication
are asked about whether their rooms are clean and quiet ar
or friends.

HQM

See how this hospital performs on measures of safety and quality. Missing performance information doesn't mean that standards of care weren't followed.

Measure Name	Rating
Cesarean Birth	Above expectation
Risk Adjusted Severe Obstetric Complications (All)	Above expectation
Severe obstetric complications: Risk Adjusted Severe Obstetric Complications (excluding blood…	Above expectation
30-Day Risk Adjusted Mortality for AMI	Below expectation
Acute Myocardial Infarction (AMI) 30-Day Readmission Rate	Below expectation
Total Value Based Performance for HCAHPS, Process, & Outcome Domains	Above expectation
Total Value Based Performance for the Outcomes Domain	Above expectation
Safety Domain Score	Below expectation

A valid and reliable measure for a particular medical situation may not be available. In other cases, the local Blue Plan or collaborative alliance may not collect the specific information. It's also possible that there isn't enough data to objectively calculate performance scores but missing data doesn't necessarily mean that the doctor doesn't provide acceptable overall care.

Now In Prod
UAT Aug 19 · Prod Aug 27

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Maps- Provider Cards Move Left

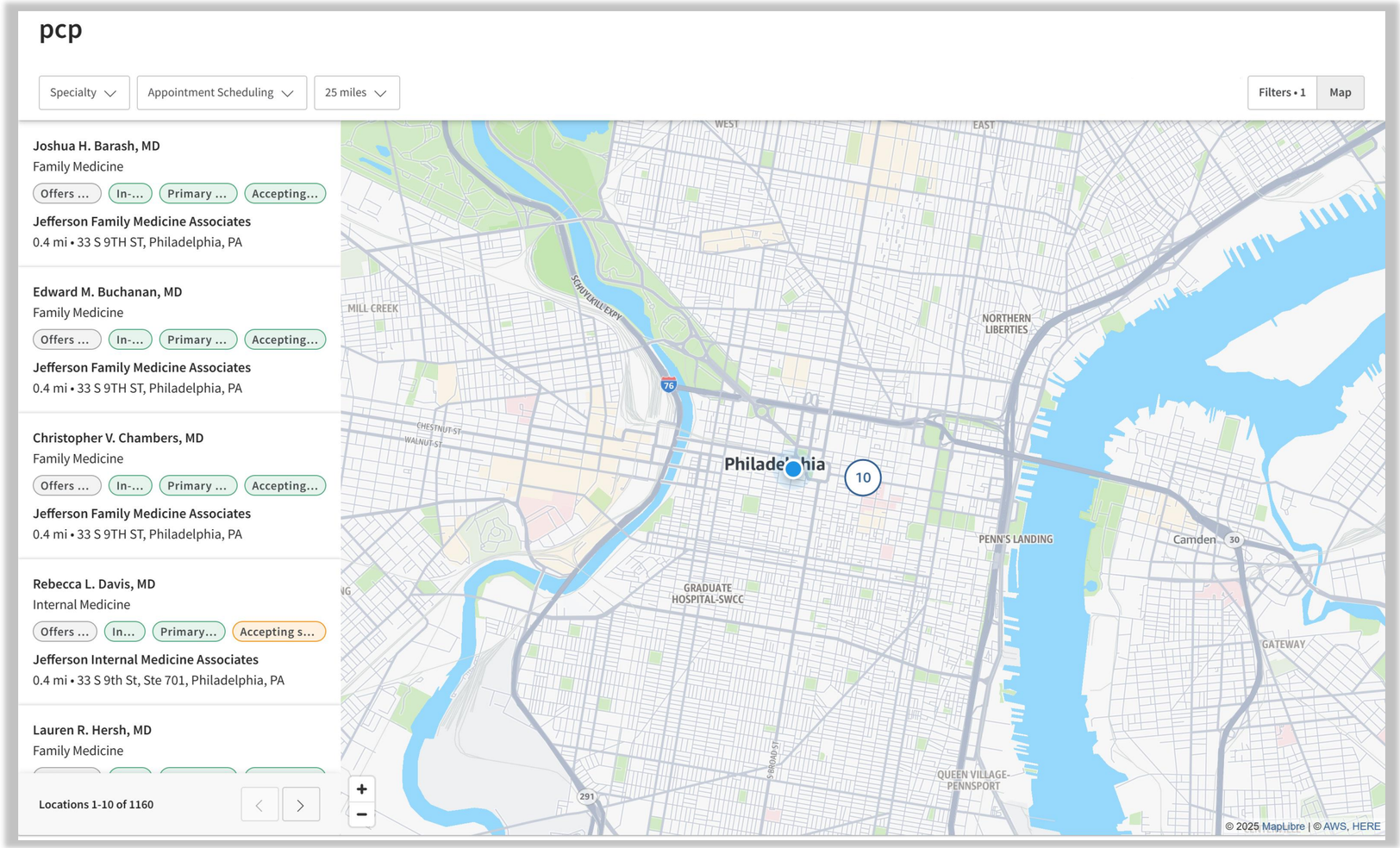
Provider cards move to the left of the map, both in the map tab within regular provider search, and in the inline in-person locations map on profile pages.

Why?

- **Decision info comes first:** members come to compare providers; cards on the left establish that hierarchy while location stays immediately visible.
- **A familiar pattern:** mirrors what Google Maps and Airbnb have already trained users to expect; results on the left, geography on the right.

Enablement:

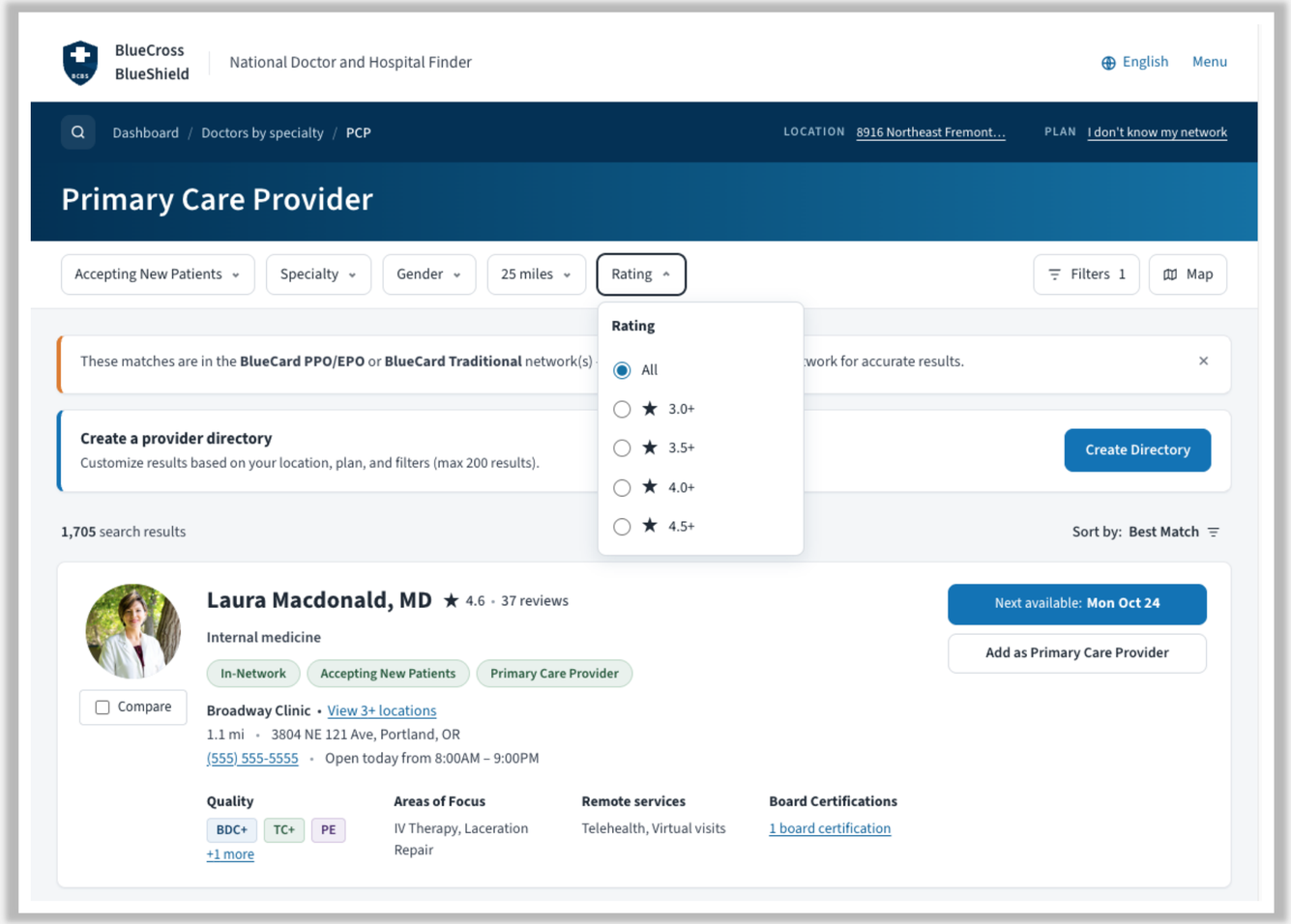
-In UAT Sept 15
-In Prod Sept 22
-Auto-on for all Search customers



Filter & sort results by rating

Help members choose confidently, faster

Instantly narrow results to the highest-rated providers, cutting down profile-by-profile comparison and building trust that they're choosing quality care.



Representative designs only. Final product may differ in appearance and functionality.

NCQA Med 14

Customers can easily opt in to the optional NCQA Med 14

What's Changing:

- We already meet NCQA's baseline directory requirements
- Med 14 adds specific requirements, like for Pharmacy, LTSS, and Behavioral Health directories
- A new configuration closes that gap: provider info for these three directory types always displays, even without client data on file

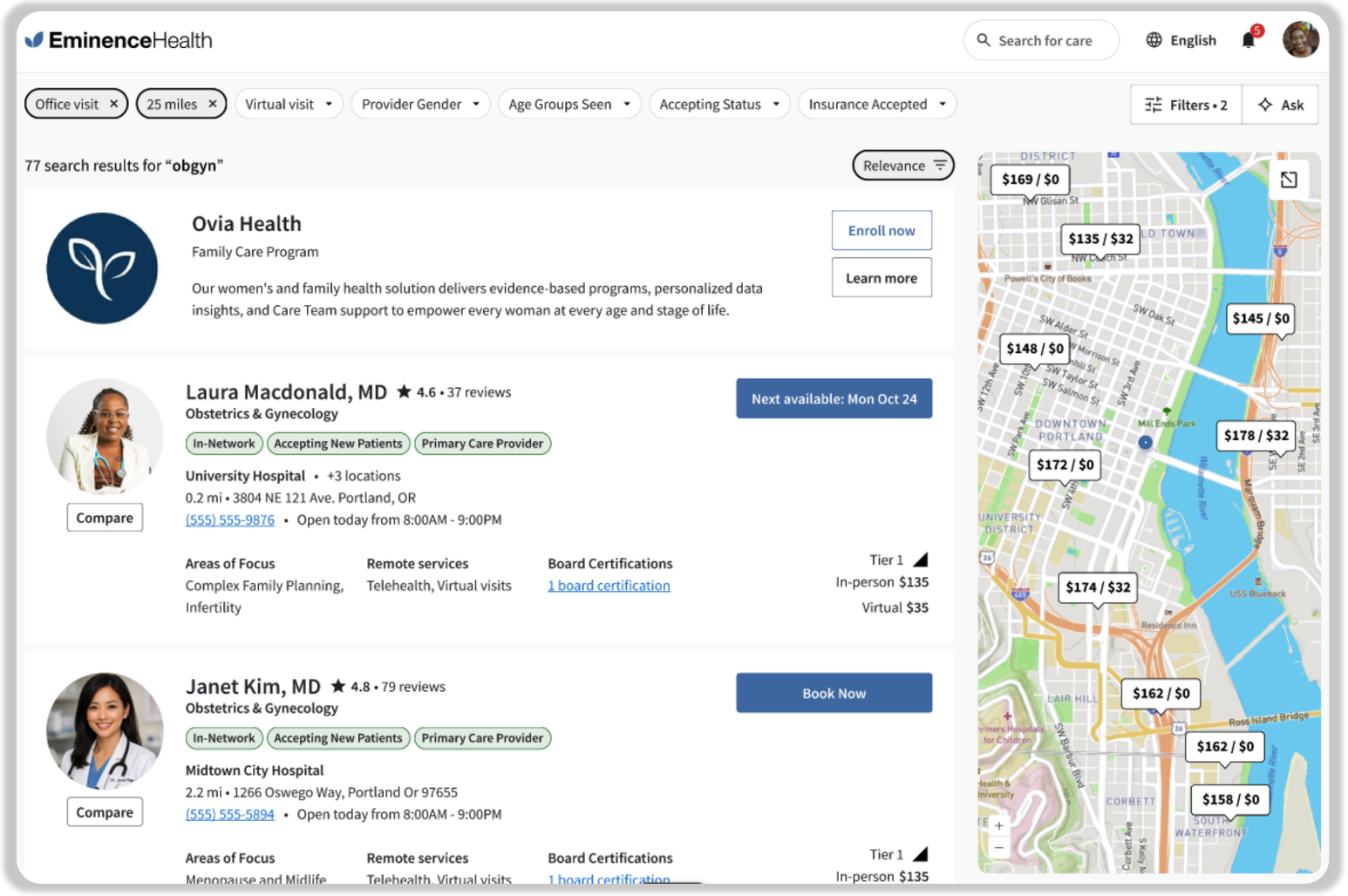
Next Steps:

- Want it enabled? Reach out to your Customer Success team!

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Map inline with search results

According to Baymard Institute's research, data shows only 65% of users engaged with an available map when results defaulted to list-only vs. 95% when it was on by default.



Bring an inline map into search results for all HP Search customers, so members can see where care is, right alongside the list.

- **Location in context**
  Zocdoc, Redfin, Airbnb, and Google Hotels all show results and maps side by side by default.
- **Cost-forward where available**
  cost shows on the pin and card so members weigh price and place together
- **A familiar pattern**
  reuses the enhanced search card and map pattern members already know

Coming soon! Opt-in for Q4 2026.

Representative designs only. Final product may differ in appearance and functionality.

SECTION 03

Compliance

Coming up: Medicare Plan Finder Phase 2 · FHIR API compliance (January) · Provider suppression decoupling · Medicaid revalidation messaging · REAL Health Providers Act

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Sophia Villalta · Marie Shea

Directory accuracy is now federal law

On February 3, 2026, Congress enacted the **REAL Health Providers Act.** For the first time, Medicare Advantage directory accuracy is codified in federal statute with financial consequences and public scorecards, not just guidance.

Compliance · Plan Year 2028

Public scoring · Plan Year 2029

Pub. L. 119-75, Sec. 6220 enacted as part of the Consolidated Appropriations Act, 2026.

WHAT THE ACT REQUIRES

Required directory data

Name, specialty, address, accepting-new-patients status, ADA accommodations

Verification cadence

Provider data verified at least every 90 days—up to 12 months for hospitals and facilities

Unverified provider indicator

Directories must visibly flag any provider whose information couldn't be verified

5-day removal

Departed providers removed from the directory within 5 business days

Member cost-sharing protection

Members shielded from cost-sharing when they relied on inaccurate directory information

Annual accuracy report to HHS

Random-sample accuracy analysis submitted annually, targeting high-error specialties

Public accuracy scores

CMS publishes each plan's score; plans must display it on their own directory **(PY 2029)**

New: telehealth capabilities

Modality and delivery setting as structured data. CMS rulemaking expected through 2026–2027; we're tracking it closely.

Directory-accuracy settlements have already run into the tens of millions industry-wide. A member who can't find in-network care becomes a trust problem no settlement resolves.

HOW VALIDATE GETS YOU AHEAD OF IT

Validate is built around the exact discipline the REAL Act now requires

93%

attestation rate on required elements today

90-day verification cycle

Every clinician and facility record is contacted on the required cadence.

Field-level audit trail

Every attestation logged and reportable—the foundation for the annual CMS accuracy analysis.

Updates live in 48 hours

Validate runs the member-facing directory, so an attested change reaches members directly.

Departures flagged fast

Already operating to the No Surprises Act's 2-business-day standard, ahead of the Act's 5-day requirement.

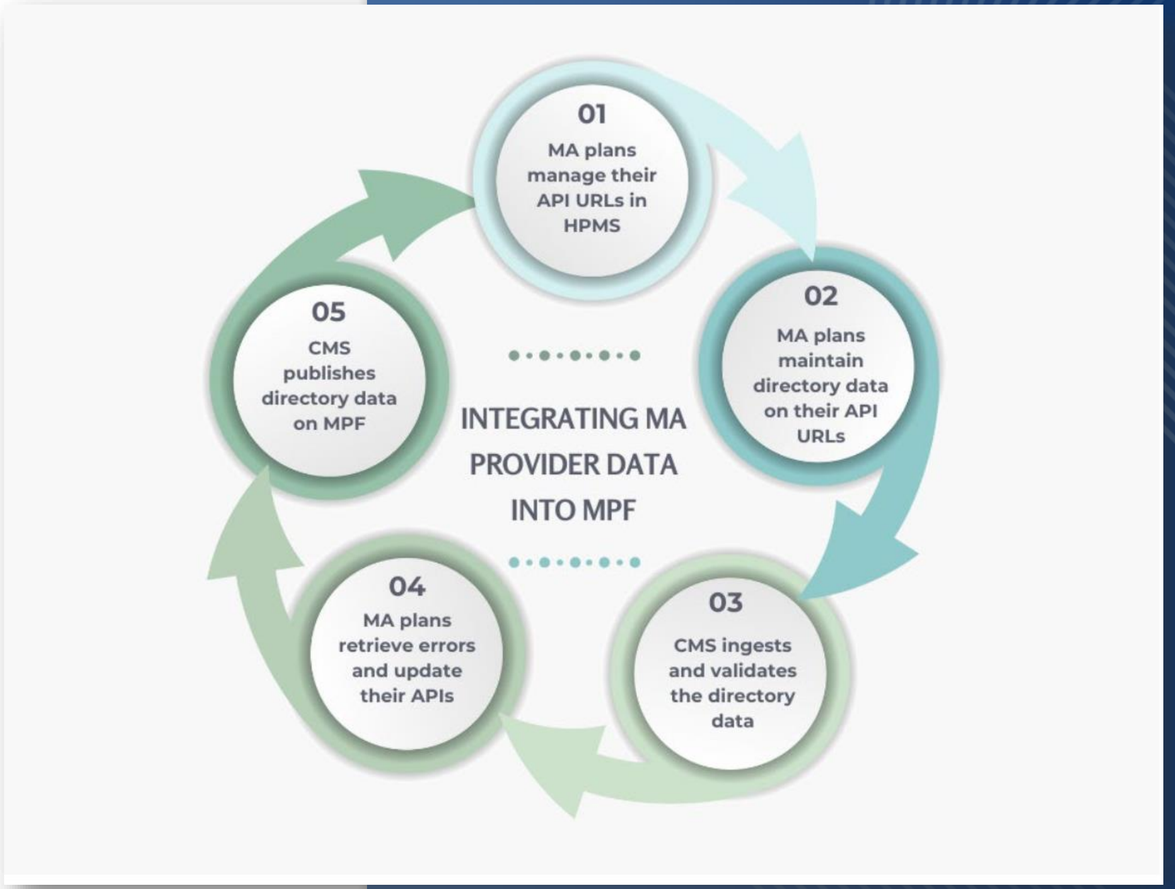
ON OUR ROADMAP

Structured telehealth fields and a member-facing unverified-provider indicator target 2027—a full implementation cycle before plan year 2028—plus on-demand, CMS-ready accuracy reporting.

Let's get your directory ready. Reach out to your account team to learn more!

What is Medicare Plan Finder Phase II?

- As part of final rule CMS-4208-F2, all payers who offer Medicare Advantage (MA) Plans must supply provider directory data for all individual MA plans to CMS for display in Medicare Plan Finder (MPF) **beginning with Contract Year (CY) 2027**.
- Data will be supplied to CMS, leveraging either **Machine Readable JSON Files or FHIR-Based JSON Files**.
- These files are made available to CMS via an MPF Provider Directory URL defined in a payer's Health Plan Management System (HPMS) which **CMS will crawl and validate the data daily**. This URL is defined on a per CMS contract number/contract year basis.
- Plans will be responsible for **ensuring accuracy** of the provider data and must **attest to its accuracy annually within their HPMS system**.



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Launch Timeline

Date	Event
May – Mid-September 2026	Plan testing period using machine-readable JSON files and FHIR-based API files
July 10, 2026	Populate MPF Provider Directory URLs in HPMS
September 8, 2026	HPMS "MPF Benefits Preview" tool becomes available
September 18, 2026	Deadline for completing the CY 2027 attestation in HPMS Deadline for 10/1 production-ready CY 2027 data to be available.
October 1, 2026	Production release of the CY 2027 Medicare Plan Finder (MPF)

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MPF Phase II vs. Provider Directory FHIR API

Two Separate Initiatives – Both Leveraging FHIR

MEDICARE PLAN FINDER (MPF) PHASE II

Sends Medicare Advantage provider data to CMS

CMS rule: CMS-4208-F2 (Medicare Plan Finder Phase II, finalized 2025)

- **What it does:** Sends Medicare Advantage provider data to CMS for display in Medicare Plan Finder
- **Timeline:** Live now – working toward 10/1/26 public go-live.

FHIR Provider Directory API Endpoint

Exposes your provider directory via FHIR API endpoint

CMS rule: CMS-9115-F (Interoperability & Patient Access, 2020)

- **What it is:** A public FHIR API exposing your provider directory to members and third-party apps
- **Timeline:** Compliance has been required since 2021. Upgrading to the newer plan-net 1.2 spec is required by 1/1/27

This is a separate, broader initiative, supported for clients who license our FHIR Provider Directory API

Bottom line: two separate initiatives, two separate workflows, two separate CMS rules & deadlines – they just both run on FHIR.

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SECTION 04

Guide for Payers

Coming up: Guide ranking algorithm (MVP weighted scoring) · Recommended results- top 3 providers

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Jamie Zack

Guide ranking algorithm

MVP Approach: Weighted Scoring Model

The Problem

"Best Match" does not optimize for factors that drive value. Other sort options rely on single-dimension sorts (quality, distance, tier). No holistic provider ranking exists.

MVP Approach: Weighted scoring model

Build a weighted scoring model combining multiple attributes to rank high-quality, low-cost providers. Design intentionally to enable a Learning-to-Rank (LTR) model later.

Ranking Inputs

- Specialty / Area of Focus
  REQUIRED
- Quality
  Score or recognitions
- Tier
  Cost
- Distance
  REQUIRED
- "Book Now" Availability
  CONFIGURABLE
- Strategic Networks
  CONFIGURABLE

Weighted scoring model

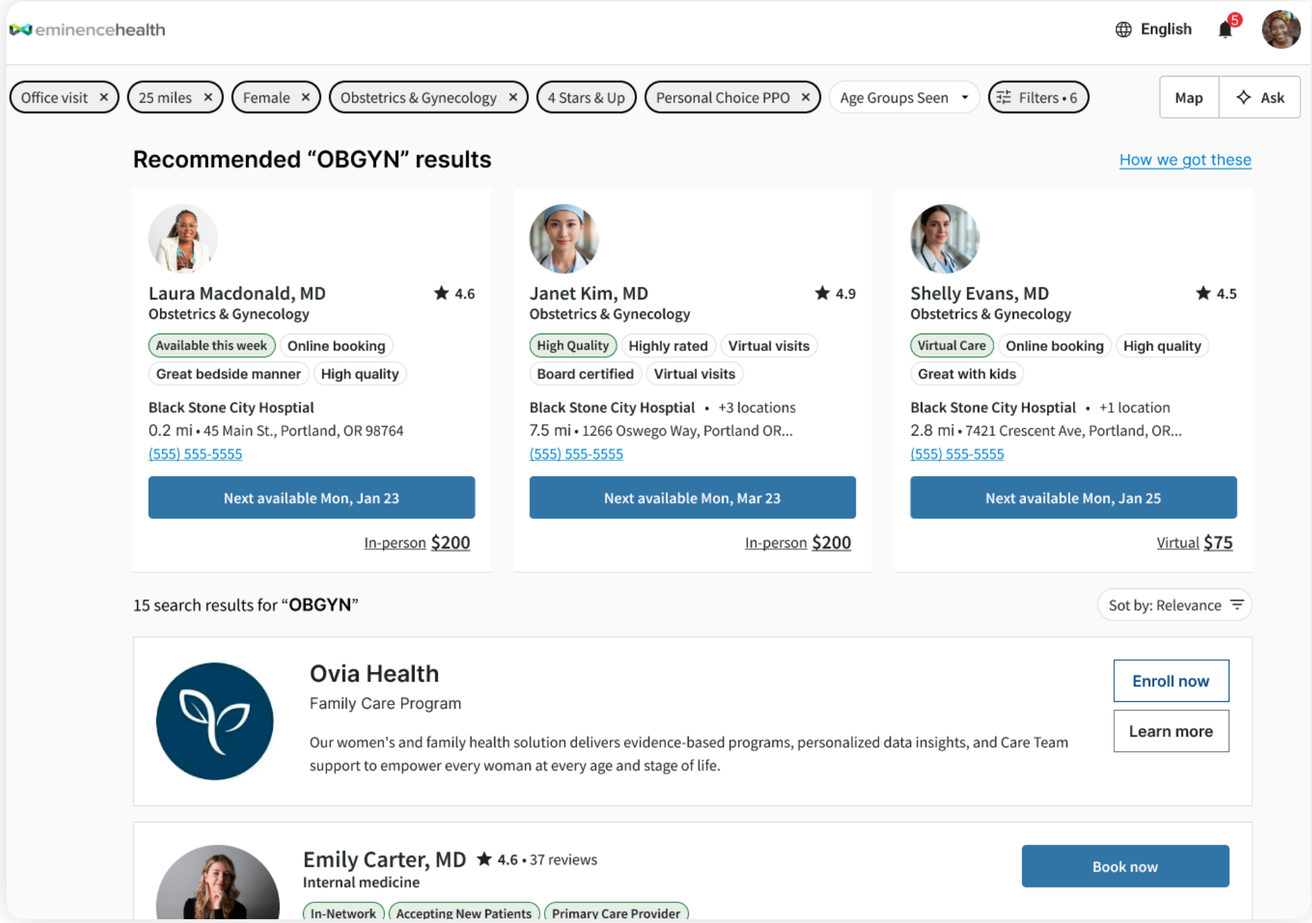
Crawl
Weighted scoring model

Walk
Customizable weights
Provider affiliation support

Run
Learn to Rank Model
Review signals + personalization

Drive faster care selection with recommended results

Surface and pin the top three providers, providing **a consumer-grade experience that reduces "choice overload"** and helps members find high-quality care faster.



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Thank You

NEXT MONTH'S ROUNDTABLE

October 21, 2026

12:00 PM PST / 3:00 PM EST

NEXT CMS INFORMATION SESSION

September 23, 2026

12:00 PM PST / 3:00 PM EST

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