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DATE: September 18, 2025

TO: All Medicare Advantage Organizations

SUBJECT: Medicare and Medicaid Programs' Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All Inclusive Care for the Elderly (PACE)--Finalization of Format Provider Directories for Medicare Plan Finder (CMS 4208-F2)

The Centers for Medicare & Medicaid Services (CMS) is announcing the publication of the [Medicare and Medicaid Programs Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All Inclusive Care for the Elderly \(PACE\)—Finalization of Format Provider Directories for Medicare Plan Finder](#) (CMS 4208-F2) final rule. This rule enhances beneficiary access to provider directory information through Medicare Plan Finder (MPF) while improving transparency in the plan comparison process for Contract Year 2027. By issuing these requirements through a separate final rule, CMS is providing Medicare Advantage (MA) organizations with maximum lead time to prepare their information for integration into the MPF tool ahead of 2027 Open Enrollment.

In this final rule, CMS is establishing new requirements that will increase beneficiaries' access to provider directory information while searching for MA plans online in the MPF tool. This new functionality will enable people with Medicare and their caregivers to determine if a specific provider is in-network for each available MA plan, enhancing the shopping and plan compare experience for beneficiaries. CMS is also finalizing the requirement for MA organizations to attest to the accuracy of the provider directory data that they will be providing to CMS to populate online. However, CMS is not finalizing the portion of the proposed rule that would have required MA organizations to attest that their MA provider directory data is consistent with data submitted to comply with CMS's MA network adequacy requirements under § 422.116(a)(2)(i).

To ensure that MA plans have sufficient time to implement these provider directory requirements, CMS intends to issue an operational guide soon after issuing this final rule. The operational guide will include technical specifications on how MA plans will prepare the provider directory data for the purpose of meeting these requirements. The operational guide will also provide additional information on the timing of various milestones, including when MA plans will begin making their provider directory data available to CMS. With the release of the operational guide, CMS will solicit plan feedback on the guidance and provide instructions for submitting questions and comments and requesting technical assistance on the implementation of the new requirements.

It is important to note that CMS will not immediately populate the CY 2026 MPF with provider data prepared by MA plans in response to this final rule. To ensure that the directory data presented in MPF accurately reflects the data that will be supplied by MA organizations, CMS will administer a plan testing period prior to the release of these data in the CY 2027 MPF.

Finally, please note that this final rule is independent of CMS' interim solution to populate the CY 2026 MPF with provider directory data supplied by a third-party vendor, as announced in the August 25, 2025, HPMS memo titled "[Updates to the Contract Year 2026 Medicare Plan Finder and Medicare.gov](#)." The MA plan-sourced provider directory data required by this regulation will replace the interim third-party solution for the CY 2027 MPF.