DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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TO: Medicare Advantage Organizations

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SUBJECT: Draft Technical Implementation Guide for Supplying Medicare Advantage (MA)
              Provider Directory Data for Use in Medicare Plan Finder (MPF)

On September 18, 2025, CMS announced 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 Second Final Rule (CMS-4208-F2).

Under this provision, MA organizations are required to:

- Make the information described in § 422.111(b)(3)(i) available to CMS/HHS for publication
  online in accordance with guidance from CMS/HHS;
- Submit, or otherwise make available, the information described in § 422.111(b)(3)(i) to
  CMS/HHS in a format and manner and at times determined by CMS/HHS;
- Update the information subject to § 422.111(m) within 30 days of the date an MA
  organization becomes aware of a change; and
- Attest, at least annually, in a format and manner and at times determined by CMS/HHS, that
  all information submitted or otherwise made available to CMS/HHS under paragraph (m) is
  accurate.

This memo introduces the **<u>draft</u>** "Technical Implementation Guide for Supplying Medicare
Advantage (MA) Provider Directory Data for Use in Medicare Plan Finder (MPF)." The draft
guide provides technical guidance for MA organizations on the following topics related to
implementation of the requirements established in CMS-4208-F2:

- Types of MA plans that are subject to these requirements
- Implementation phases of the initiative
- Reporting provider directory application programming interface (API) endpoints

- Technical specifications for supplying provider directory data for use in MPF
- Data validation
- Completing the provider directory attestation
- Plan testing and preview opportunities

The draft technical guide presents CMS' three-phase approach to implement this initiative:

Phase One - CMS has partnered with SunFire Matrix, Inc. to supply in-network provider and facility data as an interim solution for Contract Year (CY) 2026.

Phase Two - For CY 2027, CMS will ingest in-network provider and facility data from publicly accessible provider directory APIs built and maintained by MA plans. CMS will accept these data in two formats:

(1) Fast Healthcare Interoperability Resources® (FHIR)-based JSON, or
(2) Machine-readable JSON

The implementation of phase two for CY 2027 is the focus of the draft guide.

Phase Three - CMS has begun the development of a National Provider Directory that will serve as connective tissue between healthcare providers, payers, data networks, and their respective interoperability frameworks. CMS intends for the National Provider Directory, once fully implemented, to consume MA plan FHIR-based APIs and feed the data to MPF.

Feedback Requested

CMS is actively seeking industry comments, suggestions, and questions on the draft technical implementation guide. This feedback will be a valuable resource as the agency works to release the final version in January 2026.

Feedback must be submitted via a publicly accessible online survey tool located at: https://surveys.CMS.gov/jfe/form/SV_aeYUdIQZz96oBOm

There is no limit on the number of submissions. The online survey will close on **Friday, December 19, 2025.** However, CMS requests that feedback be provided as early as possible so that there is sufficient time to review the information and incorporate it into the final technical implementation guide.

Please direct questions about this memo to the HPMS Help Desk at either 1-800-220-2028 or hpms@cms.hhs.gov.