DRAFT

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

Center for Medicare & Medicaid Services
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Contents

Background

On September 18, 2025, CMS published *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).*

In this final rule, CMS finalized requirements at § 422.111(m) for MA organizations to submit MA provider directory data to CMS/HHS for publication online for use in Medicare Plan Finder (MPF). 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.

Incorporating provider directory data into MPF will enable people with Medicare and their caregivers to determine whether specific providers and facilities are in-network when shopping and comparing plans. This provision directly supports the administration's priority and focus on transparency, informed beneficiary choice, and efficiency.

This document provides MA organizations with technical guidance for supplying provider directory information for use in the MPF on www.medicare.gov.

Organizations Subject to the MPF MA Provider Directory Requirements

Provider directory data must be supplied for all individual (i.e., not employer-only) MA plans, which includes:

- Local Coordinated Care Plans (CCP) - HMO, HMO-POS, and Local Preferred Provider Organization (PPO)
- Regional PPO plans
- Medical Savings Account (MSA) network-based plans
- Private Fee-for-Service (PFFS) network-based plans

Implementation Phases

CMS is using a three-phase approach to implement this MPF initiative.

Phase One - Interim Data Solution for Contract Year 2026

CMS has elected to use an interim data solution for Contract Year (CY) 2026 to provide MA organizations with sufficient time to implement the provider directory requirements outlined in the newly published MA provider directory final rule (CMS-4208-F2). To address the immediate need, CMS has partnered with SunFire Matrix, Inc. (SunFire) to supply in-network provider and facility data for use in the CY 2026 MPF.

If an MA organization elects to not supply data to SunFire, CMS will instead display a link to the organization's provider directory using the URL entered on the "Organization Marketing Data" page in the Health Plan Management System (HPMS) Basic Contract Management module.

For more information on this interim solution, refer to the CMS memorandum entitled "Updates to the Contract Year 2026 Medicare Plan Finder and Medicare.gov" distributed via HPMS on August 25, 2025.

Phase Two - Dual Option Solution Starting with Contract Year 2027

For phase two of this effort, MA plans have two options for supplying their provider directory data to CMS for use in MPF:

- Machine-readable JSON files; or
- Fast Healthcare Interoperability Resources® (FHIR)-based JSON application programming interfaces (API)

Option 1 - Machine-Readable JSON Files

Published in February 2015, the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2016 final rule (CMS-9944-F) established provider directory requirements for Qualified Health Plan (QHP) issuers participating on the Federally-Facilitated Exchanges ("Marketplace"). As a result, QHP issuers are required to maintain machine-readable JSON files, using a CMS-specified format, on publicly-accessible URLs.

For phase two, CMS will accept machine-readable JSON files – modeled after the Marketplace's machine-readable JSON file approach, but adapted to support the MA program – as an option for meeting the MA provider directory requirements. CMS will crawl the plan-defined API URLs daily to ingest and validate these data and use this information to incorporate the provider and facility information on MPF.

Refer to the Preparing Machine-Readable JSON Files section of this document for more information.

The use of machine-readable JSON files is a temporary solution. All MA plans are expected to migrate fully to FHIR-based APIs, as that will be the mechanism for populating the agency's National Provider Directory.

Option 2 - FHIR-Based JSON APIs

Published in May 2020, the [Interoperability and Patient Access](#) final rule (CMS-9115-F) requires certain payers, including MA organizations, Medicaid, CHIP, and QHP issuers, to implement APIs for provider directories. Pursuant to this rule, CMS requires these payers to use the Health Level Seven International® (HL7®) FHIR standard for these APIs. MA organizations were required to implement provider directory APIs by July 1, 2021.

For phase two, CMS will also accept these data via MA plans' existing FHIR-based JSON APIs to meet the MA provider directory requirements. CMS will crawl the plan-defined API URLs daily to ingest and validate these data and present the provider and facility information on MPF. Note that XML-based FHIR APIs are not supported, only JSON-based.

Refer to the [Preparing FHIR-Based JSON APIs](#) section of this document for more information.

Phase Three - National Provider Directory Using FHIR-Based APIs

At the White House "Make Health Tech Great Again" event held on July 30, 2025, CMS announced that it had begun development of a National Provider Directory that will serve as connective tissue between healthcare providers, payers, data networks, and their respective interoperability frameworks. The agency plans to conduct an initial beta launch of the National Provider Directory later this year, with iterative improvements and expansions to follow. As part of this effort, a FHIR-based REST API will allow application developers to access high quality provider network information.

CMS intends for the National Provider Directory, once fully implemented, to consume MA plan FHIR APIs and feed the data to MPF.

Implementing Phase Two - Dual Option Solution Starting with Contract Year 2027

The following table presents the implementation schedule for phase two of the MPF MA provider directory initiative for CY 2027. CMS will provide further guidance on these events under separate cover.

Date	Event
September 18, 2025	Publication of the MA provider directory final rule (CMS-4208-F2).
November 7, 2025	Publication of draft technical implementation guidance for MA plans.

Date	Event
November 7 - December 19, 2025	Review industry feedback on the draft technical implementation guidance.
January 16, 2026	Publication of final technical implementation guidance for MA plans.
February 2, 2026	API URL data entry fields become available in HPMS.
May - August 2026	Plan testing period using machine-readable JSON files and FHIR-based APIs.
September 1, 2026	Deadline for completing the CY 2027 attestation in HPMS.
Early September 2026	Plan preview window.
September 18, 2026	"Target" deadline for 10/1 production-ready CY 2027 data to be available on API URLs.
October 1, 2026	Production release of the CY 2027 MPF.

Process Overview

The image below illustrates the high-level process for integrating MA provider directory data into MPF using the phase two approach for CY 2027.

Maintaining Provider Directory API URLs in HPMS

MA organizations are required to enter and maintain their provider directory API URLs in the HPMS MPF Provider Directory module under Plan Bids.

Provider directory API URLs must be submitted by contract year/contract number and defined as using either the machine-readable JSON or FHIR-based API approach.

Following the initial population, MA organizations can update these fields at any time. The URLs will be available to MPF via a real-time API.

This functionality will become available no later than February 2, 2026.

Refer to the Technical Support section for more information on obtaining HPMS access.

Preparing Machine-Readable JSON Files

For phase two, CMS will accept publicly accessible machine-readable JSON files – modeled after the Marketplace's machine-readable JSON file approach, but adapted to support the MA program – to populate the CY 2027 MPF with each MA organization's contracted providers and facilities.

To support the integration of these data into MPF, it is crucial that MA organizations clearly define the relationship between each individual provider or facility and a unique MA plan as identified by a CMS-issued contract number, plan ID, and segment ID (e.g., H9999-001-001).

Appendix A contains the technical specifications for MAPROVIDERS.JSON, which is comprised of a JSON array of providers and facilities that participate in an MA organization's network.

Appendix B provides guidance on standard HTTP metadata and validations mechanisms.

A sample MA provider directory machine-readable JSON file has also been provided as a separate attachment.

Preparing FHIR-Based JSON APIs

For phase two, CMS will also accept publicly accessible FHIR-based JSON APIs to populate the CY 2027 MPF with each MA organization's contracted providers and facilities.

When building FHIR-based provider directory APIs, MA organizations must conform to specifications defined in the PDex Plan-Net Implementation Guide (PDex) version 1.2.0 built on the HL7® FHIR release 4 standard. As outlined in the interoperability final rule, these APIs may not require user authentication and authorization or any other protocols that restrict the availability of this information.

To support the integration of these data into MPF, it is crucial that MA organizations clearly define the relationship between each individual provider or facility and a unique MA plan as identified by a CMS-issued contract number, plan ID, and segment ID (e.g., H9999-001-001).
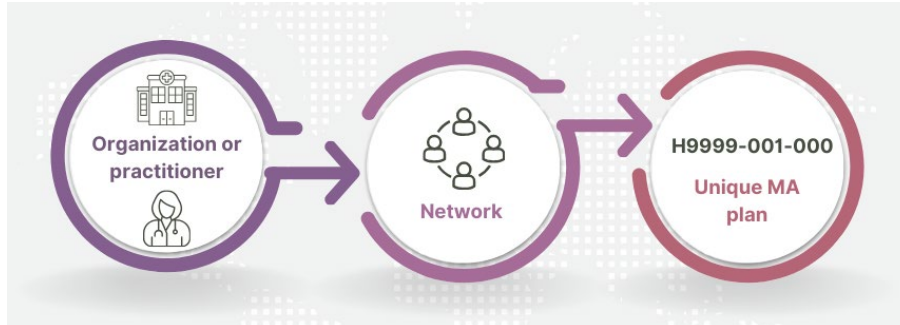
CMS will use elements from the following FHIR resources to populate MPF:

- InsurancePlan
- Location
- Organization (Network)
- Organization (Facility)
- OrganizationAffiliation
- Practitioner
- PractionerRole

Appendix C provides the FHIR-based JSON specifications for supplying MA provider directory data to MPF.

Appendix D contains UML diagrams to illustrate the relationships between the FHIR resources.

A sample MA provider directory FHIR-based JSON file has also been provided as a separate attachment.

Ingestion and Validation of the Provider Directory Data

Each day, CMS will crawl the provider directory API URLs, as defined in HPMS, to extract and ingest the directory data.

These data will be validated to ensure that:

- The provider directory API URLs defined in HPMS are functional and accessible.
- The machine-readable JSON files and FHIR-based APIs adhere to CMS' technical specifications.
- The provider directory data adheres to CMS' field-level specifications.
- There are records for all individual (not employer-only) plan/segments offered by the MA organization.

- The provider directory has been updated at least every 30 days.

The process outlined above will not validate the accuracy of the provider directory information submitted by MA organizations. Data accuracy is the responsibility of the MA plan.

The validation results will be sent to HPMS for dissemination to MA plans.

Accessing Validation Results

MA organizations can retrieve the results of the provider directory validation process using the HPMS MPF Provider Directory module under Plan Bids or via an HPMS API.

MA organizations must review the validation results and update provider directory API URLs in HPMS and/or adjust the machine-readable JSON files or FHIR-based APIs accordingly. CMS will reapply the validation process daily to provide MA plans with the most up-to-date findings.

CMS staff will also have access to each MA organization's provider directory validation results to evaluate plan compliance with these requirements on a continuous basis.

Refer to the Technical Support section for more information on obtaining HPMS access.

Completing the Provider Directory Attestation

MA organizations are required to attest annually to the accuracy of their MA provider directory data as supplied through this process. The attestation functionality can be accessed in the HPMS MPF Provider Directory module under Plan Bids.

The attestation must be completed electronically in HPMS by an authorized official of the organization – specifically, the Chief Executive Officer (CEO), Chief Financial Officer (CFO), and/or Chief Operating Officer (COO).

Authorized signatories must attest that the provider directory information is: "Accurate, complete, and truthful at the time of the attestation to the best information, knowledge, and belief of the MA organization."

The CY 2027 attestation must be completed in HPMS no later than September 1, 2026.

Refer to the Technical Support section for more information on obtaining signatory access in HPMS.

Plan Testing Period

CMS will host a plan testing period open to all local CCP, regional PPO, MSA, and PFFS organizations offering individual (not employer-only) plans, including consultants and third-party vendors provided they have a contractual relationship with the MA organization.

The testing period will include the following activities:

- MA organizations will enter and maintain their provider directory API URLs in HPMS.
- MA organizations will build, maintain, and publish their machine-readable JSON files or FHIR-based APIs.
- CMS will crawl the provider directory API URLs, as defined in HPMS, to extract and ingest the directory data.
- CMS will validate the provider directory data and produce findings.
- MA organizations will access their validation findings in HPMS and adjust their machine-readable JSON files or FHIR-based APIs accordingly.

CMS will run this process daily during the plan testing period to simulate the production environment. Detailed guidance on the CY 2027 plan testing period will be sent under separate cover.

The CY 2027 plan testing period will run from May 4, 2026 through August 31, 2026.

Plan Preview

Prior to the production release on MPF, CMS will give MA organizations an opportunity to preview their MA provider and facility network data via the Plan Data Previews module in HPMS. CMS will issue detailed guidance on the CY 2027 plan preview process at a later date.

MPF Suppressions

When needed, CMS will suppress provider directory data on MPF. Reasons for suppressing provider and facility data may include, but are not limited to, the following:

- An MA organization fails to complete the provider directory attestation.
- The validation process results in fatal errors for a machine-readable JSON file or FHIR-based JSON API.
- Reports on data quality issues that exceed a threshold published by CMS.

Generally, CMS will remove a suppression from MPF on the day following resolution of the issue. Further guidance on MPF suppressions will be sent in a future communication.

Technical Support

MA organizations may submit feedback on the draft technical implementation guide via the following public website survey: https://surveys.CMS.gov/jfe/form/SV_aeYUdIQZz96oBOm

Support Resource		Contact Information
Technical support with HPMS (e.g., provider directory API URLs, online validation reports, attestation, and plan previews)		HPMS Help Desk 1-800-220-2028 hpms@cms.hhs.gov
Technical assistance with the machine-readable JSON and FHIR-based API approaches		TBD
Technical support for the provider directory validation API		hpmstechsupport@triafed.com
Instructions for obtaining MA plan user access to HPMS		User ID Process | CMS
Instructions for obtaining consultant user access to HPMS		User ID Process | CMS
Instructions for obtaining signatory access in HPMS to complete the annual provider directory attestation		User ID Process | CMS
General HPMS user access questions		hpms_access@cms.hhs.gov
HPMS consultant/signatory user access questions		HPMSConsultantAccess@cms.hhs.gov
General MPF questions		MPF@cms.hhs.gov

Appendix A: Machine-Readable JSON Specifications

If an MA provider or facility has more than one NPI number, create separate entries for each NPI number.			
Field	**Label**	**Definition**	**Required**
npi	National Provider ID	The 10-digit National Provider Identifier (NPI) unique identification number assigned to the provider or facility	Yes
type	Type	Specify the provider type. Valid values: Individual, Facility	Yes
plans	Plans	Array of unique MA plans for which the provider or facility is in-network. See **Plans Sub-Type** below.	Yes
lastUpdatedOn	Last Updated On	Date on which this provider or facility record was last updated or refreshed. Valid format: ISO 8601 format (YYYY-MM-DD)	Yes

If the entry is defined as **INDIVIDUAL**, the following fields must be present.			
Field	**Label**	**Definition**	**Required**
name	Name	A name object, containing the name fields specified below. Example: {"prefix": "Dr.", "first": "Jane", "middle": "Gretchen", "last": "Smith"}	Yes
prefix	Prefix	Provide one of the following valid values: Mr., Mrs., Miss, Ms., Dr.	No
first	First Name	Full first name	Yes
middle	Middle Name	Full middle name	No
last	Last Name	Full last name	Yes
suffix	Suffix	Provide one of the following valid values: Jr., Sr., II, III, III, IV	No
addresses	Address	List of addresses for this provider. See **Address Sub-Type** below.	Yes
specialty	Specialty Type	An array using NUCC taxonomy codes	Yes

If the entry is defined as **INDIVIDUAL,** the following fields must be present.

Field	Label	Definition	Required
accepting	Accepting Patients	Is the provider accepting new patients? Provide one of the following valid values: Accepting, Not Accepting	No
sex	Sex	Provide one of the valid values for the provider (i.e., Male, Female)	No
languages	Languages Spoken	An array of the languages spoken	Yes

If the entry is defined as **FACILITY**, the following fields must be present.

Field	Label	Definition	Required
facilityName	Facility Name	Name of the facility	Yes
facilityType	Facility Type	An array using NUCC taxonomy codes	Yes
addresses	Address	List of addresses for this facility. See **Address Sub-Type** below.	Yes

Address Sub-Type

Field	Label	Definition	Required
address	Street Address	Street address for the location specified	Yes
address2	Street Address 2	Street address 2 for the location specified	No
city	City	City for the location specified	Yes
state	State Abbreviation	Two letter state abbreviation for the location specified (e.g., MD)	Yes
zip	Zip Code	Five digit zip code for the location specified, represented as a string	Yes
phone	Phone Number	10 digit phone number for the location specified (e.g., 1112223333)	Yes

Plans Sub-Type			
Field	**Label**	**Definition**	**Required**
maPlanId	MA Plan ID	CMS is using this element to capture the unique MA plan for which the practitioner serves as an in-network provider. The format SHALL be: [CMS Contract Number]-[CMS Plan ID]-[CMS Segment ID] 000 must be used to denote a plan that is not segmented. Example: H9999-001-001	Yes
year	Contract Year	The contract year for which this data applies	Yes

Appendix B: HTTP Metadata and Validations Mechanisms for Machine-Readable JSON Files

To support efficient and scalable crawling of large JSON files, MA organizations are expected to implement standard HTTP metadata and validation mechanisms.

These recommendations follow the terminology of RFC 9110 (HTTP Semantics) and use the keywords defined in RFC 2119 and RFC 8174:

- **SHOULD** indicates a recommendation that is expected in most cases.
- **SHOULD NOT** indicates a discouraged practice, but one that may be acceptable in some cases.

Support for the HEAD Method

1. MA organizations **SHOULD** support the HEAD method for any JSON resource intended for download.

   The HEAD response **SHOULD** include the following headers, which are consistent with what a GET would return:

   - ETag (at least a weak validator)
   - Last-Modified
   - Content-Length
   - Content-Type

2. Conditional Request Support

   MA organizations **SHOULD** support conditional requests using at least one of the following standard HTTP headers:

   - If-None-Match
   - If-Modified-Since

   When the resource has not changed, the server **SHOULD** return a 304 Not Modified response without a body, rather than returning 200 OK.

3. Response Headers for GET Requests

   MA organizations **SHOULD** include the following headers in responses to GET requests:

- ETag (a weak validator is sufficient)
- Last-Modified
- Content-Length
- Content-Type

The ETag **SHOULD** remain consistent for semantically equivalent content, even if there are minor, non-significant byte-level differences (e.g., formatting or whitespace). Weak ETags (e.g., W/"abc123") are acceptable and preferred in this context.

The Last-Modified header **SHOULD** reflect the most recent meaningful update to the resource.

The Content-Length header **SHOULD** accurately represent the size of the response body in bytes.

4. Fallback Behavior if HEAD is Unsupported

If the MA organization does not support the HEAD method, it **SHOULD** support conditional GET requests using either If-None-Match or If-Modified-Since.

Example Client Workflow

1. Initial Download
    - GET /data.json
    - Store ETag, Last-Modified, Content-Length and Content-Type

2. Subsequent Validation (Preferred)
    - HEAD /data.json
    - If ETag or Last-Modified is unchanged, skip download
    - Otherwise, perform GET /data.json

3. Alternative Validation (If HEAD Unsupported)
    - GET /data.json with headers:
    - If-None-Match: W/"abc123"
    - If-Modified-Since: Tue, 01 Oct 2025 15:30:00 GMT
    - If resource is unchanged, server responds with 304 Not Modified

Appendix C: FHIR-Based JSON Specifications

Individual Entries

Context: PractitionerRole

Data Point	FHIR Resource Path	Required by CMS for MPF	Notes
NPI	1a. PractitionerRole.identifier[system='http://hl7.org/fhir/sid/us-npi'].value or 1b. Practitioner.identifier[system='http://hl7.org/fhir/sid/us-npi'].value	Yes	If the practitioner has multiple NPIs, create a new PractitionerRole Resource for each instance.
CMS MA Plan Identifier	2. InsurancePlan.identifier[system=' http://cms.gov/medicare/ma-plan-id']	Yes	CMS is using this element to capture the unique MA plan for which the practitioner serves as an in-network provider. The format SHALL be: [CMS Contract Number]-[CMS Plan ID]-[CMS Segment ID] 000 must be used to denote a plan that is not segmented. Example: H9999-001-001
Contract Year	3. InsurancePlan.period	Yes	CMS is using this field to define the contract year associated with the record. While this element may be defined in FHIR as a full timestamp that includes day, month, and year, CMS will extract only the year.

Data Point	FHIR Resource Path	Required by CMS for MPF	Notes
Date Record Was Last Updated	4. PractitionerRole.meta.lastUpdated	Yes	CMS is using this field to define when a practitioner's record was last updated on the MA organization's FHIR server.
Practitioner Name	5. Practitioner.name	Yes	See sub-elements in the HumanName datatype.
Practitioner Full Name	5->i. Practitioner.name.text	Yes	
Practitioner Prefix	5->ii. Practitioner.name.prefix	No	
Practitioner First Name	5->iii. Practitioner.name.given[0]	Yes	
Practitioner Middle Name	5->iv. Practitioner.name.given[1]	No	
Practitioner Last Name	5->v. Practitioner.name.family	Yes	
Practitioner Suffix	5->vi. Practitioner.name.suffix	No	
Practitioner Location	6a. Location.address or 6b. Practitioner.address	Yes	If there is more than one address, each address will need to be represented in their own Location resource instance. Create an addresses array entry for each Practitioner.address.
Practitioner Location - Street Address 1	6a->i. Location.address.line[0] or 6b->i. Practitioner.address.line[0]	Yes	
Practitioner Location - Street Address 2	6a->ii. Location.address.line[1] or 6b->ii. Practitioner.address.line[1]	No	

Data Point	FHIR Resource Path	Required by CMS for MPF	Notes
Practitioner Location - City	6a->iii. Location.address.city or 6b->iii. Practitioner.address.city	Yes	
Practitioner Location - State	6a->iv. Location.address.state or 6b->iv. Practitioner.address.state	Yes	
Practitioner Location - Zip Code	6a->v. Location.address.postalCode or 6b->v. Practitioner.address.postalCode	Yes	
Practitioner Location - Phone Number	7a. PractitionerRole.telecom[system='phone'].value or 7b. Practitioner.telecom[system='phone'].value	Yes	
Practitioner Specialty	8. specialty.coding.code	Yes	Present as an array of NUCC individual codes.
Practitioner Accepts New Patients	9. PractitionerRole.extension[url=' http://hl7.org/fhir/us/davinci-pdex-plan-net/StructureDefinition/newpatients'],extension[url='acceptingPatients']	No	Accepting - "newpt" Not accepting - "not" and "existptonly"
Practitioner Sex	10. Practitioner.gender	No	
Languages Spoken by the Practitioner	11. Practitioner.communication.coding.code	Yes	Present as an array of language codes.

Facility Entries

Context: Organization[type.coding. system = 'http://hl7.org/fhir/us/davinci-pdex-plan-net/CodeSystem/OrgTypeCS' and type.coding.code = 'fac']

Note: The Organization must have the following elements requirements in Organization.type.coding:

- system = 'http://hl7.org/fhir/us/davinci-pdex-plan-net/CodeSystem/OrgTypeCS'
- value = 'fac'

Data Point	FHIR Resource Path	Required by CMS for MPF	Notes
NPI	1. Organization.identifier[system=' http://hl7.org/fhir/sid/us-npi'].value	Yes	If the practitioner has multiple NPIs, create a new Organization Resource for each instance.
CMS MA Plan Identifier	2. InsurancePlan.identifier[system=' http://cms.gov/medicare/ma-plan-id']	Yes	CMS is using this element to capture the unique MA plan for which the practitioner serves as an in-network provider. The format SHALL be: [CMS Contract Number]-[CMS Plan ID]-[CMS Segment ID] 000 must be used to denote a plan that is not segmented. Example: H9999-001-001
Contract Year	3. InsurancePlan.period	Yes	CMS is using this field to define the contract year associated with the record. While this element may be defined in FHIR as a full timestamp that includes day, month, and year, CMS will extract only the year.
Date Record Was Last Updated	4. Organization.meta.lastUpdated	Yes	CMS is using this field to define when a facility's record was last updated on the MA organization's FHIR server.
Facility Name	5. Organization.name	Yes	
Facility Type	6. Organization.type.coding.code	Yes	Present as an array of NUCC non-individual codes. Each facility type code will be in an instance of Organization.type.

Data Point	FHIR Resource Path	Required by CMS for MPF	Notes
Facility Location	7a. Organization.address or 7b. Location.address	Yes	Create an addresses array entry for each Organization.address. If the organization does not contain an address, CMS will access the location via OrganizationAffiliation.
Facility Location - Street Address 1	7a->i. Organization.address.line[0] or 7b->i. Location.address.line[0]	Yes	
Facility Location - Street Address 2	7a->i. Organization.address.line[1] or 7b->i. Location.address.line[1]	No	
Facility Location - City	7a->i. Organization.address.city or 7b->i. Location.address.city	Yes	
Facility Location - State	7a->i. Organization.address.state or 7b->i. Location.address.state	Yes	
Facility Location - Zip Code	7a->i. Organization.address.postalCode or 7b->i. Location.address.postalCode	Yes	

Appendix D: UML Diagrams

PractitionerRole

1a	identifier.value *(npi)*
4	meta.lastUpdated
5	name
6b	address
7a	telecom.value
8	specialty.coding.code
9	extension.extension.valueCodeableConcept.coding.code
network	extension.valueReference *(reference)*
practitioner	*(reference)*
location	*(reference)*

InsurancePlan

2	identifier *(MA Plan ID)*
3	period
network	*(reference)*

Organization (Network)

Practitioner

1b	identifier.value *(npi)*
7b	telecom.value
10	gender
11	communication.coding.code

Location

6a	address

HumanName (dataType)

i	text
ii	prefix
iii	given[0]
iv	given[1]
v	family
vi	suffix

Address (dataType)

i	line[0]
ii	line[1]
iii	city
iv	state
v	postalCode