

Frequently Asked Questions on the Medicare Plan Finder (MPF) Medicare Advantage (MA) Provider Directory Initiative

Section 1 - General

Q1: Why did CMS change course on how you will retrieve MA provider directories in a FHIR-based JSON format?

A: The original technical guide indicated that CMS would dynamically query each FHIR endpoint to extract the MA provider directory data in bulk. As evidenced in the February 18, 2026 version of the guide, CMS has shifted course on how to retrieve these data when supplied in the FHIR-based JSON format.

To support MPF using dynamic queries, CMS would need to access MA organization servers for over 700 contracts daily to extract each organization's entire provider directory. The expected total record count would be considerable when accounting for the individual providers and facilities and their roles and locations that are connected to the over 5,500 unique MA plans.

When considering the substantial expected record count, the number of requests that would be necessary to execute these dynamic extractions, the potential impact on plan systems, and cost concerns raised by some plans using third-party services, CMS determined that a different solution would be needed for the collection year.

CMS consulted with FHIR experts in the interoperability space to identify alternatives that would satisfy the unique requirements of the MPF use case. The analysis determined that the **FHIR bulk publish operation** is the most viable option for supporting MPF. This new specification introduces the capability of exporting and hosting files to facilitate the efficient transfer of entire datasets within FHIR.

Given that the FHIR bulk publish operation is in a draft status, CMS has plans to engage with the appropriate governing bodies (HL7 and the Argonaut FHIR Accelerator) on the prospect of finalizing this operation as a standard.

For Contract Year (CY) 2027, CMS has developed an interim solution for MPF that anticipates the capabilities that will become available through the FHIR bulk publish operation. The interim solution, which is presented in CMS' revised technical guide, outlines the steps that must be taken by MA organizations seeking to use the FHIR-based JSON option:

1. Ensure the FHIR-based JSON provider directory complies with the MPF-specific requirements documented in CMS' technical guide.
2. Export the FHIR-based JSON provider directory resources and prepare the JSON files for CMS consumption.
3. Create an index file that lists all constituent FHIR-based JSON file URLs that make up the complete exported directory.
4. Post the index file for each unique CMS contract number/contract year on a dedicated, publicly accessible URL.

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Q2: Why do we need to create prepared JSON files?

A: CMS is using this approach to lessen burden on plan systems and decrease the extraction and ingestion processing time for CMS. Dynamically querying a FHIR-based or standard REST API daily for the amount of data required by MPF would adversely impact plan production systems. This approach will support daily crawls with less impact.

Section 2 - Process and Workflow

Q1: How will the process work?

A: CMS will execute the following process daily for each applicable MA contract number:

- CMS will pull the provider directory URL reported for each contract number/contract year from HPMS. MA organizations must ensure their provider directory URLs are kept up to date in HPMS.
- CMS will crawl the reported URL to download the prepared machine-readable or FHIR-based JSON files that comprise the complete provider directory for each contract number/contract year.
- CMS will employ a conditional download process for files that utilizes HEAD requests and appropriate HTTP headers to determine when to re-download files. If the headers indicate the data has not changed since the last crawl, CMS will bypass downloading, processing, and validating the files.
- Once the machine-readable or FHIR-based JSON files are downloaded, CMS will validate the data before transforming and loading it into MPF.

Q2: What are prepared files?

A: In the context of the MPF MA provider directory technical instructions, the term “prepared files” refers to the machine-readable or FHIR-based JSON files created by the MA organization from the exported provider directory.

Q3: Should we upload our prepared JSON files to HPMS?

A: No. HPMS will collect only the index file URLs where your organization is hosting the prepared JSON files.

Q4: Does CMS expect a single JSON file response, or will CMS support segmented files/pagination for large provider directories? Is there a maximum file size CMS expects plans to host?

A: CMS will support both single JSON and segmented files. For large datasets, MA organizations are encouraged to use segmented files to manage resource constraints. While there is not a set file size limit, CMS recommends that a file be no more than 300MB.

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Q5: Can CMS provide a sample index file?

A: Sample index files have been added to the technical guide.

Q6: Can CMS confirm the exact frequency and timing of the daily crawl (e.g., once daily, multiple times per day, or configurable)?

A: CMS intends to crawl the hosted files once daily. While the exact start time may vary, MA organizations should ensure their data is updated and available 24/7. CMS does not offer a configurable callback or specific windows for individual plans.

Q7: Will CMS use file metadata such as Last-Modified or ETag to detect updates, or does CMS expect the plan to expose date-driven parameters or incremental endpoints?

A: CMS will utilize last-modified and ETag headers to determine if the file has changed since the last crawl. Since CMS is downloading static files, we will not use incremental API query parameters. See Appendix D (HTTP Metadata and Validations Mechanisms) of the technical guide for more information.

Q8: Should MA organizations expect CMS to call the API with query parameters, or will CMS strictly download static hosted JSON files?

A: MA organizations should expect CMS to download static hosted JSON files. The URLs provided in HPMS must point to the location of the index file. CMS will not search your API using query parameters.

Q9: Does CMS expect plans to provide full snapshots on each crawl or incremental updates only? If incremental, what mechanism should be used?

A: The JSON file must represent the complete, current state of the provider directory at that time. CMS does not support incremental update mechanisms; each successful crawl replaces the previous data.

Q10: Should we include pharmacy data?

A: No. CMS collects Part D pharmacy network data for MPF using a separate bi-weekly process in HPMS.

Q11: Should we include provider groups?

A: No. Organizations should include the providers that comprise groups individually.

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Section 3 - URL, Hosting, and File Delivery Requirements

Q1: Are MA organizations required to report a different provider directory URL for each MA contract number subject to this requirement?

A: Yes. There should be a distinct provider directory URL reported for each MA contract number in HPMS.

Q2: Are MA organizations required to include the CMS contract number in the provider directory URL path?

A: While plans are not required to include the CMS contract number in the URL, it is a good practice.

Q3: Are MA organizations required to host their prepared FHIR-based JSON files on a FHIR-compliant server?

A: No.

Q4: Does CMS require a URL pointing to a static directory/repository where prepared JSON files are hosted, or are you expecting a base URL for a live API service that generates JSON/FHIR responses dynamically upon request?

A: The URL submitted in HPMS should point to the index.json file that contains the list of prepared JSON files. CMS will not crawl FHIR APIs directly through a base URL endpoint.

Q5: Will CMS support compressed file delivery (e.g., .zip or .gzip) for large JSON files, or must the hosted file be plain JSON?

A: CMS will not support compressed file delivery; the hosted files must be plain JSON. CMS recommends that each file not exceed more than 300 MB.

Q6: When should MA organizations use conditional request support? How does that differ from the HEAD method?

A: To lessen the impact of daily crawls on plan systems, CMS requires that servers hosting index and data files return the following standard HTTP headers in GET and HEAD requests. These headers allow the crawler to perform conditional requests and must accurately reflect the state of the data files:

- Last-Modified
- ETag
- Content-Length
- Content-Type

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For specific instructions on supplying the required headers and conditional request support, see Appendix D (HTTP Metadata and Validations Mechanisms) of the technical guide.

Q7: The technical guide states that "Data files should return appropriate headers, including unique version identifiers (e.g., ETag or hash), to indicate whether the files have been updated since CMS' last web crawl. Appendix D provides guidance on standard HTTP metadata and validation mechanisms as well as requirements for hosted index files." Please provide guidance on how to properly fulfill the version identifier requirement if using machine-readable JSON files.

A: The ETag version identifier should be created based on the prepared file itself and is therefore agnostic to FHIR or the machine-readable formats. Please see Appendix D for more information.

Q8: For clarity, is there a naming convention that must be used?

A: MA organizations can use the naming convention of their choosing.

Section 4 - FHIR-Based JSON Specifications

Q1: The PDex implementation guide requires more data than what CMS has specified in the technical user guide for the MPF provider directory project. What should be included in the prepared JSON file(s)?

A: When preparing your JSON files, MA organizations have the option to: (1) provide a complete export of the PDex provider directory FHIR implementation, or (2) create a smaller version of the FHIR-based JSON files that limits the data to the specifications outlined in the CMS' technical guide. CMS will only consume the data matching the CMS MPF specifications.

Q2: Does Appendix B (FHIR-Based JSON Specifications) include an exhaustive list of the FHIR resource fields? Can we use FHIR extensions for additional data?

A: The schema provided in Appendix B does not include all FHIR resources. Rather, it includes only the fields needed for use in MPF. This guidance is **not** intended to replace the FHIR specifications as outlined in "CMS' Interoperability and Patient Access" rule. The **Sample_Bundle-FHIR-MA-Provider-Directory_final.json** file attached to the MPF MA provider directory technical implementation guide offers a sample of how the FHIR specifications should appear for MPF purposes. The prepared JSON files may include the entire resource per the FHIR specifications, including extensions. However, CMS will disregard extensions and data that are beyond the MPF specifications.

Q3: Can we bundle as described in the PDex implementation guide?

A: Yes. MA organizations should prepare the data files as valid FHIR resource bundles in accordance with the PDex implementation guide.

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Q4: Do FHIR bundles in individual files need to be self-contained? In other words, do all referenced resources need to be included in the same file?

A: While the entire dataset across all files must include all referenced resources, it is not necessary to include all referenced resources in each file so that it is self-contained. CMS will crawl and download all files and validate that all references are included during ingestion. For example, it is acceptable to include all Practitioners in File A, all PractitionerRoles in File B, and all locations in File C or to mix and match resources. The CMS validation and ingestion process will pair referenced resources together using the entire plan dataset after downloading all files. For suggestions on how to segment FHIR resources, refer to the “Hosting Requirements for Machine-Readable and FHIR-Based JSON” section of the technical guide for sample index.json formatting.

Q5: How should we shard segmented FHIR bundles to meet the 300mb file size limit?

A: It is acceptable to split data into multiple files, as long as each file is a valid FHIR resource bundle. While the entire dataset across all files must include all referenced resources, it is not necessary to include all referenced resources in each file so that it is self-contained. CMS will crawl and download all files and validate that all references are included during ingestion. For example, it is acceptable to include all Practitioners in File A, all PractitionerRoles in File B, and all locations in File C or to mix and match resources. The CMS validation and ingestion process will pair referenced resources together using the entire plan dataset after downloading all files.

Q6: Can testing be done on the older IG, PDEX PlanNet 1.1.0. version, or must every payer be updated to the latest PDex PlanNet IG version 1.2.0 version by 5/4?

A: MA organizations must ensure that their data is aligned with CMS’ technical guidance.

Q7: Can CMS confirm whether the JSON specification in Appendix B represents the full schema and whether example payload files are available for testing?

A: Appendix B in the technical implementation guide represents the required fields and data types that are needed to support MPF. CMS provided simplified examples within the guide.

Section 5 - Data Requirements

Q1: Must supplemental benefit provider types (e.g., dental, vision, hearing) be included in this new MA provider directory requirement?

A: All contracted providers, including those administering supplemental benefits, must be included in the MPF MA provider directory data.

Q2: The technical specifications require Contract ID, Plan ID, Segment ID, and County. What are these data, and where can I get this information for my organization?

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A: CMS establishes the contract number in HPMS when an organization applies to the MA program. The MA organization defines the county-level service area in HPMS as part of the application process. CMS assigns plan IDs and segment IDs when the MA organization prepares annual bids and benefit packages in HPMS. The MA organization uses these identifiers on operational transactions with CMS to fulfill their MA statutory and regulatory obligations. We recommend reaching out to the MA organization's application, bidding, or enrollment teams for these data. This information resides in various HPMS modules.

Q3: Does the Last Updated field indicate when the practitioners or provider record was last updated within the plan or within the FHIR server?

A: This date represents when a provider or practitioner's record was last updated on the MA organization's FHIR server.

Q4: For the contract year field in the "Technical Implementation Guide for Supplying MA Provider Directory Data for Use in MPF," the definition states the contract year for which the data applies. Is that indicating that the contract year should be based on when the data is submitted into HPMS? For example, if the provider data is submitted in 2026, the contract year would reflect 2026. Or would the contract year update each year for the providers?

A: If the contract year field indicates 2026, for example, it means the providers being reported are part of the organization's network for 2026 plans.

Section 6 - Data Update Frequency

Q1: Are we required to update our provider directory data daily for MPF purposes?

A: No.

Q2: When a change occurs in our provider directory data, are we required to submit that update in the next daily file for MPF?

A: MPF will follow the current MA provider directory guidelines. At a minimum,, your provider directory data must be updated within 30 days when a change is identified.

Q3: When sending data and as we approach new contract years, how should the incorporation of new contract years be handled? When is it appropriate to remove old contract years?

A: CMS will address the contract year switchover in future guidance.

Section 7 - Testing and Validation

Q1: During this process, there are validations occurring. Which validations will be applied to the data, and what may result in a fatal error?

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A: CMS will publish the validation inventory under separate cover.

Q2: Can we provide 2026 endpoints for validation testing since 2027 provider data is fluid at this time? This would allow for better testing since 2026 is solidified.

A: Plans may use their CY 2026 directory for testing purposes. CMS intends to use CY 2026 approved plan data for validation purposes for the start of the testing process. Once the CY 2027 plan data stabilizes, we will switch to that source so that plans can test CY 2027 directory data. We will outline these timeframes in upcoming communications.

Q3: Who should we contact for support with the machine-readable JSON and FHIR-based JSON implementation during the testing period?

A: Organizations should contact the following resource for technical support on the machine-readable JSON and FHIR-based JSON implementation: support@cms-mapnet.zendesk.com

Section 8 - Attestation

Q1: Will the attestation date (latest date the practitioner or provider attested to indicate correctness of the data) be included in the specifications too? It's currently not part of the technical guide but was part of the latest guidelines.

A: CMS is not collecting attestations supplied by practitioners or providers as part of this effort. The technical guide explains that the MA organization's CEO, CFO, or COO is required to attest electronically in HPMS annually to the accuracy of the MA provider directory data as supplied through this process.

Q2: Based on the technical guide, my understanding is that a member of the MA plan must attest annually through the HPMS. Is this a correct understanding?

A: This is correct. A designated signatory at the MA organization will be required to complete an annual attestation for the MPF provider directory data in HPMS.