



CENTERS FOR MEDICARE & MEDICAID SERVICES

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TO: All Current and Prospective Medicare Advantage, Prescription Drug Plan, and Section 1876 Cost Organizations

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SUBJECT: Medicare Plan Finder Enhancements for Contract Year 2027

To assist organizations with preparations for Contract Year (CY) 2027, CMS is providing an overview of enhancements planned for Medicare Plan Finder (MPF) and the related Health Plan Management System (HPMS) modules that support Part D pricing file and pharmacy network submissions, plan benefit and drug pricing previews, suppressions and exclusions, and Online Enrollment Center (OEC) management.

MPF and Other Medicare.gov Functionality

The following changes will be implemented for CY 2027:

- On September 18, 2025, CMS published 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](#)). This rule finalized requirements for MA organizations to submit provider directory data to CMS for publication on MPF. Starting with CY 2027, CMS will populate MPF with the MA provider directory data supplied by MA organizations and validated by CMS.
- The following supplemental benefits will be added to the "More Extra Benefits" section of MPF, including in-network and out-of-network cost sharing and messaging on authorization requirements and plan limits:

- Nutritional/Dietary Benefit;
 - Additional Sessions of Smoking and Tobacco Cessation Counseling;
 - Enhanced Disease Management;
 - Telemonitoring Services;
 - Remote Access Technologies;
 - In-Home Safety Assessment; and
 - Medical Nutrition Therapy (MNT)
- The 14c4 fitness benefit will be updated to include the fitness benefit types offered by the plan: ¹
 - Activity Tracker
 - Physical Fitness
 - Memory Fitness
 - Fitness Equipment or Kit
- The 14c22 support for caregivers benefit will be updated to include the caregiver benefit types offered by the plan: ¹
 - Respite Care
 - Caregiver
- When provided by organizations in HPMS, direct links to each plan's Evidence of Coverage (EOC), Summary of Benefits (SB), and formulary will appear on MPF. ²
- CMS will improve the MPF display of hearing aid coverage for plans that cover either prescription or over-the-counter (OTC) hearing aids, but not both.
- The presentation of maximum out-of-pocket (MOOP) costs for zero-dollar D-SNPs will clarify that dual-eligible beneficiaries will generally not pay the full MOOP amount that is applicable to non-dual-eligible enrollees.
- MPF will alert beneficiaries when a drug that appears uncovered at a selected day supply (e.g., 60-day) is covered by the plan at a different day supply (e.g., 30-day).
- CMS will provide clear and accurate messaging across MPF for beneficiaries impacted by contract and plan terminations, service area reductions, and crosswalked plans.
- To promote informed enrollment decisions, MPF will warn beneficiaries shopping mid-year when an organization is set to terminate or non-renew in December.
- CMS will transition to an improved data source for Pharmaceutical Assistance Program (PAP) information.

¹ These updates will not be available for the first MPF plan preview.

² These links will not be part of either MPF plan preview, but they will be displayed on MPF on October 1, 2026.

Part D Pricing File Submission (PDPFS) Module

- To ease data entry, users will be able to enter or copy a comma separated list of contract numbers into multi-select fields (e.g., Findings Detail Report and Review/Attest Findings pages).
- Threshold changes will be implemented for the difference in brand and generic dispensing fees validations for a 30-day, 60-day, and 90-day supply (\$4 to \$12).
- The following informational validation errors have been removed:
 - *Your pharmacy cost file has one retail pharmacy with a difference in the retail pharmacy brand and generic dispensing fees for a given day's supply (30, 60, or 90) that exceeds or is equal to CMS' threshold amount.*
 - *Your pharmacy cost file has one mail order pharmacy with a difference in the mail order pharmacy brand and generic dispensing fees for a given day's supply (30, 60, or 90) that exceeds or is equal to CMS' threshold amount.*

Online Enrollment Center (OEC) Management Module

- The contract year dropdown on the OEC Opt-In/Out Page will default to the most relevant year for opt-in/out plans based on the time of year.
- Users will receive a notification when an enrollment has not been downloaded by the plan within 5 days.

Plan Benefit Preview

- The Plan Benefit Preview will reflect the MPF user interface changes as described above, such as:
 - Addition of new supplemental benefits to the "More Extra Benefits" section.
 - Updated display of the 14c4 fitness benefit types and the 14c22 support for caregivers benefit types offered by the plan.
 - Direct links to each plan's EOC, Summary of Benefits, and formulary, when available.
 - Improved display of hearing aid coverage.
 - Enhanced presentation of MOOP costs for zero-dollar D-SNPs.

Drug Pricing Preview

- Users will be able to filter the preview reports to display only records that have comments.

Suppressions and Exclusions

- There will be a new suppression type for issues related to the new MPF MA provider directory data.

Medicare & You Handbook Preview

- No changes.

For questions regarding this memo, please contact the MPF team at MPF@cms.hhs.gov or the HPMS team at hpms@cms.hhs.gov.