



CENTER FOR MEDICARE

DATE: October 14, 2026

TO: Medicare Advantage Organizations

FROM: Gerard J. Mulcahy, Director
Medicare Drug & Health Plan Contract Administration Group

Vanessa S. Duran, Director
Medicare Drug Benefit and C & D Data Group

SUBJECT: Meeting the Contract Year (CY) 2027 Medicare Plan Finder (MPF) Provider Directory Requirements

As outlined in 42 CFR § 422.111(m), Medicare Advantage (MA) organizations must make their provider directory data available to CMS for publication on MPF. CMS has released multiple iterations of technical guidance beginning on November 7, 2025 through the most recent [implementation guide](#), which was published on September 4, 2026.

As we enter the Annual Open Enrollment Period on October 15, 2026, CMS expects all applicable MA plans to be populated with accurate and complete CY 2027 provider directory data on MPF.

A contract's provider directory data will appear on MPF once the following requirements are met:

- An authorized signatory must complete the provider directory attestation in HPMS.
- The machine-readable or FHIR-based JSON files that make up the complete exported provider directory must successfully pass all Level 1 (fatal error) validations.
- For a practitioner/facility record to appear on MPF, it must be free of Level 2 (record-level skip) errors.

MA organizations that fail to meet these requirements may be subject to one or more of the following actions:

- Suppression of the contract and/or plan(s) benefit data on MPF
- Suppression of the contract and/or plan(s) benefit and drug pricing data on MPF

- Suppression of the “Enroll” button on MPF
- Exclusion of the contract and/or plan(s) from all parts of MPF
- Issuance of compliance actions under 42 CFR § 422.504(m)

Technical support is available to MA organizations through the following channels:

- For assistance with machine-readable JSON and FHIR-based JSON files and validation results, contact support@cms-mapnet.zendesk.com.
- For assistance with MPF provider directory URLs, online validation reports, provider directory attestations, and the provider directory plan preview, contact the HPMS Help Desk at hpmstechs@cms.hhs.gov or 1-800-220-2028.
- For assistance with the HPMS provider directory validation API, contact hpmstechs@cms.hhs.gov.

Verifying the network status of providers and facilities is an important step when people with Medicare and their caregivers are shopping and comparing MA plans. CMS sincerely appreciates the industry’s efforts to support transparency and strengthen beneficiary choice.