

File Formats and Submission Timeline

Q: Are we required to prepare machine-readable and FHIR-based JSON files?

A: No. You must prepare all JSON files for a single contract number using the same approach, either machine-readable JSON or FHIR-based JSON.

Q: Does CMS have size limits for the JSON files?

A: There can be no more than 10,000 JSON files associated with a single contract number/MPF provider directory URL. This limit applies to the number of files, not the number of records within a file. Each JSON file must be 300MB or less.

Q: What happens if an MPF JSON file size is greater than 300 MB?

A: CMS will attempt to read in the file, but there may be processing delays or errors due to system time or resource limitations.

Q: Can we submit machine-readable JSON and FHIR-based JSON files for a single contract number? What would happen in the validation process?

A: MA plans should only submit one type of JSON file for a single contract number. While the process is setup to validate both formats, the intention is to process one set of files in one format for a single contract number.

Q: Our organization plans to migrate from machine-readable JSON to FHIR-based JSON this year. How would you recommend we implement this migration?

A: CMS recognizes that plans require a test region to facilitate pre-production testing. We will provide more information in a future communication.

Q: Where is the “ContractID” value expected to be provided?

A: The ContractID is the first component of the MA Plan ID (as referenced in the machine-readable JSON specifications) or CMS MA plan identifier (as referenced in the FHIR-based JSON specifications). The ContractID is the CMS Contract Number referenced in the sample format below:

[CMS Contract Number]-[CMS Plan ID]-[CMS Segment ID]

Example: Z9999-001-001

Key Dates

Q: Is CMS planning to extend the testing timeline beyond 9/18 since go-live is 10/1?

A: The testing process is ongoing. It is integral to the ongoing daily ingestion, validation, and publication process.

MPF Provider Directory Attestation

Q: My organization prepared our provider directory JSON files and posted them on our MPF provider directory URL, but our JSON files received a Level 1 validation error. We are actively

Medicare Plan Finder (MPF) Provider Directory Implementation — Office Hours Q&A

Office Hours Sessions 3-4

September 16-17, 2026

troubleshooting this error. Should we still complete the provider directory attestation by Friday, September 18, 2026 even if our submission has not yet cleared the Level 1 error?

A: Organizations should complete the provider directory attestation if (1) they prepared machine-readable or FHIR-based JSON files, (2) they posted them on their MPF provider directory URL, and (3) the provider directory information reported is accurate, complete, and truthful at the time of attestation, even if they are actively working through validation results, including Level 1 errors.

Q: Are we required to provide a FHIR Provider Directory API endpoint in HPMS before attesting?

A: No. For MPF purposes, we are only downloading data from your MPF Provider Directory URL. We are not using the data resident at your FHIR Provider Directory API endpoint for MPF at this time.

Q: What steps do we have to take prior to our data moving to production? Will CMS automatically migrate the health plan's data to the production MPF environment?

A: After your provider directory data is ingested and validated by CMS, it will move into the production environment automatically. No further action is required on your part until you update your provider directory data, at which time, CMS will execute this same process.

Error Tiers and Validation Process

Q: How can I identify whether an error is Level 1, 2, or 3 in the validation results file?

A: Findings are matched to error tiers in Appendix E of the technical guide. The validation report also includes an error tier column.

Q: Can we automate the delivery of our validation reports?

A: Yes. MA plans can use an HPMS API to automate the retrieval of provider directory validation reports. Go to the HPMS landing page at <https://hpms.cms.gov> and select the **Documentation** button. In the subsequent menu, download the HPMS Plan API Documentation.

Q: Is there a way to clear Level 3 informational warnings from the validation report?

A: If the warning flags a true problem, the informational warning will drop from the report once the fix has been made in the directory data. If it is a true warning, and a fix is not needed, the informational warning will remain in the report. CMS will consider ways to clear informational warnings from the report when they have been investigated and found to be a true warning.

Q: Our organization is receiving fatal errors because our production MPF provider directory URL is not yet publicly accessible. Once the URL is moved to production, do we need to take action to trigger a new round of validation?

A: No. The updated data will be picked up automatically during the next daily crawl.

Q: Where can I access our validation reports?

A: In HPMS, use the following navigation path: Plan Bids > MPF Provider Directory > Validation Errors.

Q: Our submission received error C4001 (HTTPCommunicationsError). Our validation report did not include any other errors like missing specialty or missing address, state, or zip code, which had been included in the previous report. Were those errors omitted because they were

Medicare Plan Finder (MPF) Provider Directory Implementation — Office Hours Q&A

Office Hours Sessions 3-4

September 16-17, 2026

resolved now?

A: C4001 means that CMS was unable to retrieve or process one or more of your JSON files. The validation process will end once it encounters a C4001 error. The absence of those other errors (e.g., missing specialty) may be attributable to the early termination of the validation job.

Q: We are received an N3006 (OmittedContractID) fatal error along with another level 1 error. However, the contract ID is present in the CMS MA plan identifier. Is this error expected to occur for other unrelated level 1 errors?

A: In some cases, a “root cause” level 1 error can trigger another level 1 error, such as N3006, when records are dropped. Visit the new *Error Reporting Triage Guide* in [Appendix A](#) for guidance.

Q: Will advisory warning records be processed or skipped?

A: Records flagged with an informational warning (formerly referred to as an advisory warning) will be processed and displayed on MPF. An informational warning identifies a **potential** issue. MA plans should review these warnings to determine if changes are needed. If they are not, these warning records should be ignored.

Q: I am having problems prioritizing findings in our validation report. Do you have recommendations for troubleshooting?

A: Visit the new *Error Reporting Triage Guide* in [Appendix A](#) for guidance.

Provider Directory Plan Preview

Q: How will CMS display the new MA provider directory data on MPF?

A: MPF presents provider information at two levels:

- 1) The user views the selected provider’s name, credentials, and specialty and an in- / out-of-network indicator.
 - a. This level shows the full list of specialties attributable to the NPI as reported across all MA plans, not only the specialty reported by your organization for the selected plan.
 - b. An in-network indicator is displayed at the provider-level when the selected provider is in-network for the selected plan in at least one location.
- 2) The user expands the list of locations listed for the selected provider.
 - a. MPF shows up to 15 locations for the selected provider that are closest to the center of the selected zip code.
 - b. MPF displays the selected provider’s locations as reported across all MA plans, not only the location(s) reported by their organization relevant to the selected plan.
 - c. An in-network indicator is displayed at the location-level when the selected provider is in-network for the selected plan at the selected location.

Example:

First level:

John Smith M.D. (in-network flag)
Optometrist

Second level:

(list dropdown)

Location 1

Location 2 (in-network flag)

Location 3

Location 4

Location 5

Q: Is there a way for MA plans to validate how their NPIs will be rendered on MPF?

A: MA plans can preview their provider directory data as it will appear on MPF via the HPMS provider directory plan preview functionality. Refer to the [HPMS memo](#) for more information.

Data Sourcing and Cross-Checks with NPPES

Q: We are receiving many geolocation errors. We have Puerto Rican addresses in our directory. Does Smarty take these addresses into account?

A: CMS uses Smarty's US Address Verification service for address validation. To reach an even higher level of precision, we are adding Smarty's US Rooftop geocoding service. Rooftop geocoding benefits multi-unit and complex buildings, rural roads, irregular lots, and other hard-to-find addresses. Rooftop geocoding service also helps with non-standard addresses found outside of the continental United States.

Q: Because an NPI can be deactivated in NPPES at any time, MA plans may have providers in our provider directory that have recently been deactivated in NPPES. When this occurs, we receive Level 2 errors, and unfortunately, there is no way for us to prevent this from occurring due to the timing. If these Level 2 errors continue when in production, will this be considered an issue for a payer going forward?

A: No. The Level 2 error ensures the deactivated provider will not be shown on MPF, which is the desired result. When your provider directory data is refreshed to remove the deactivated provider, the Level 2 error will be cleared from the validation report.

File Hosting and Crawler Behavior

Q: When the CMS crawler reviews our directory data, does it fully replace the previous dataset or perform incremental updates?

A: If a JSON file header indicates that it has been updated since the last daily crawl, CMS will re-download and reprocess the file.

Q: Will CMS consider increasing the frequency of "crawling" to more often than daily? This would allow file updates/changes to be validated throughout the day.

A: While CMS agrees that a continuous crawl would be beneficial, it is not feasible to change the process at this time. We do intend to pursue this in a future release.

Program Requirements

Q: We understand that the current technical specifications do not support the reporting of telehealth providers. How should we handle telehealth providers in this situation?

A: Until CMS modifies the specifications, MA plans should omit telehealth providers from their MPF provider directory data.

Q: For MPF purposes, CMS collects pharmacy networks separately from the MA provider directory. Are MA plans still required to expose pharmacies on their FHIR Provider Directory API endpoint?

A: This response is taken from the [Provider Directory API | CMS](#) page on cms.gov. “MA organizations that offer MA-PD plans must make available, at a minimum, pharmacy directory data and include the pharmacy name, address, phone number, number of pharmacies in the network, and mix (specifically the type of pharmacy, such as “retail pharmacy”).”

Q: I have a question on the expected turnaround time for fixing data issues such as deactivated NPIs. Is there a timeline for fixing data issues?

A: Plans are expected to correct errors or update data as soon as possible. For data changes, plans are required by regulation to update their provider directory within 30 days of being notified about the change. However, plans must correct Level 1 validation errors immediately as this type of error prevents CMS from processing the provider directory data.

Q: Should provider groups be included?

A: As communicated in [CMS guidance released on May 1, 2026](#), provider groups will not be part of MPF for CY 2027. Organizations should include the providers that comprise groups individually. CMS will revisit this guidance for CY 2028.

Q: Should provider groups (physician groups/practices) be categorized separately from facilities?

A: As communicated in [CMS guidance released on May 1, 2026](#), provider groups will not be part of MPF for CY 2027. Organizations should include the providers that comprise groups individually. CMS will revisit this guidance for CY 2028.

FHIR Data Element and Resource Guidance

Q: Is “language” required?

A: Yes.

Q: Can we use the FHIR Null Flavor (null value) to populate optional fields rather than leave them blank?

A: Yes. CMS will accept the FHIR Null Flavor (null value) for optional fields.

Q: Is the location reference mandatory in the OrganizationAffiliation resource? Our files already have the location details of the organization and network added in corresponding resource itself.

A: It is required according to the CY 2028 technical specifications. CMS will actively seek input

Medicare Plan Finder (MPF) Provider Directory Implementation — Office Hours Q&A

Office Hours Sessions 3-4

September 16-17, 2026

from plans to determine the CY 2028 technical specification changes that may be needed to accomplish parity with the PDex and reduce the effort it takes to prepare your FHIR data structures for MPF.

Q: Which entities should be assigned a type of facility on the organization resource?

A: Your directory should include all current in-network facilities that are contracted with your MA plan, excluding pharmacies, which are sent to CMS via a different collection.

Q: Are both facility and provider group organization types expected to be exported and associated with plans/practitioners, or are there scenarios where one should be excluded?

A: Facilities are being considered their own covered entity with a separate NPI from any practitioner records. References back to individual practitioners will not be utilized at this time. As communicated in [CMS guidance released on May 1, 2026](#), provider groups will not be part of MPF for CY 2027. CMS will revisit the facility and provider group guidance for CY 2028.

Q: The FHIR IG has a Binding: [Organization Type \(extensible\)](#) associated to the Organization Type field in the Provider Directory Guide. This binding allows an implementor to provide custom values apart from the ones defined in the value set. However, it seems that MPF needs these records to use the [value set as defined in the PDex](#). If this set is not used, will the record be skipped or ignored by MPF, or could it result in other unrelated errors, such as N3001?

A: MA plans that use custom values for the Organization Type rather than the ones defined in the PDex will be skipped by MPF. Organizations should be represented with an identifier that uses the system as [noted in the PDex](#), which is a value of “fac.”

Technical Support

Q: How can I open a support ticket?

A: For technical assistance with the machine-readable JSON and FHIR-based JSON files and validation results, contact support@cms-mapnet.zendesk.com. For technical support with HPMS (e.g., provider directory URLs, online validation reports, plan attestation, and plan previews), contact the HPMS Help Desk at either 1-800-220-2028 or hpms@cms.hhs.gov. For technical support for the HPMS provider directory validation API, contact hpmstechsupport@triafed.com.

Q: How are the MPF provider directory Q&As being distributed?

A: These materials will be disseminated via the HPMS listserv. To join the listserv, go to <https://hpms.cms.gov> and click on the **Subscribe to the Listserv** button. To receive these types of communications, join the “industry listserv.” You can also access recently disseminated memos via the **Memos** button also found on the HPMS landing page at <https://hpms.cms.gov>.

Q: Are there tools available to test our provider directory data internally prior to making it available to CMS?

A: While CMS has provided such a tool for marketplace provider directory submissions, we have not yet developed a similar tool for MA plans. It is planned for a future release.

Q: When CMS ingests our files, how can we determine the number of records ingested and processed by CMS?

Medicare Plan Finder (MPF) Provider Directory Implementation — Office Hours Q&A

Office Hours Sessions 3-4

September 16-17, 2026

A: Currently, this information is not being provided to MA plans. CMS will consider this request further.

Q: Will CMS schedule more office hour sessions?

A: There are no plans to schedule additional sessions at this time. However, we will reconsider if there is widespread interest.

Q: Where can we access the MPF MA provider directory technical guide?

A: Registered users of HPMS can retrieve the most recent technical guide from the News and Announcement archive. It also available on cms.gov at [Technical Implementation Guide for the MPF MA Provider Directory | CMS](#).

Q: Can we get the transcript of this meeting?

A: As with sessions 1 and 2, CMS will release a comprehensive Q&A document that reflects the discussion from sessions 3 and 4.

Appendix A - MPF MA Provider Directory: Error Reporting Triage Guide

This guide provides tips for evaluating your MPF provider directory validation report. Because the report is both comprehensive and granular, prioritizing issues by the number of occurrences (i.e., starting with the error that occurs most often) or working through errors line-by-line may not be the most effective or efficient approaches.

The following strategies will help your organization identify the most pressing issues so you can make the appropriate fixes:

1. **Group by error code, not by row count.** Identify the distinct error code values in your report, but do not focus on the counts attributable to each type of error.
2. **Check for the presence of crawler error codes first.** Level 1 fatal error codes – such as those that begin with “C4” – indicate download failures that could prevent your provider directory data from reaching CMS entirely.

Examples:

- a. **C4013 “Invalid Index file format”** means that the crawler could not process the individual plan JSON file URLs listed in your index file. Your organization must fix the problem identified for the individual plan JSON files before addressing any other validation error.
 - b. **C4001 “HTTP Communications Error”** means that the crawler was unable to download one or more individual plan JSON files as listed in your index file. When this occurs, the processing of the partial dataset by CMS can result in FHIR reference errors. Your organization must fix C4001 errors by adjusting server and CDN (content delivery network) settings to ensure successful automated downloads by the crawler.
3. **Check for the presence of plan ID code errors.** Error codes such as N3001 (MissingPlanID), N3002 (InvalidMAPlanID), N3006 (OmittedContractID), N3011 (UnknownContractID), N3012 (UnknownPlanID), or N3013 (UnknownSegmentID) usually indicate that submitted records are linked to a “bad” plan ID (MA Plan ID in the machine-readable JSON specifications or CMS MA plan identifier in the FHIR-based JSON specifications). These errors are usually systemic and cause all records to be dropped. The plan ID may be considered “bad” for numerous reasons, as evidenced in one or more records in your dataset, because the:
 - i. Plan ID is blank
 - ii. Plan ID is not in the proper contract-plan-segment format
 - iii. Contract component of the plan ID is different than the one associated with the given MPF provider directory URL in HPMS
 - iv. Contract component of the plan ID is not found in HPMS
 - v. Plan component of the plan ID is not offered by the contract number in HPMS
 - vi. Segment component of the plan ID is not associated with the contract number/plan ID in HPMS

Medicare Plan Finder (MPF) Provider Directory Implementation — Office Hours Q&A

Office Hours Sessions 3-4

September 16-17, 2026

Example:

- a. **N3013 “Unknown Segment ID”** means that the segment ID does not match what is on record for the contract/plan in HPMS. Submitting the segment as 001, when the MA plan is not segmented (000), will flag the plan ID as invalid and drop all associated records.
4. **Look for a single structural cause before auditing individual error records.** A small number of error types are often the cause of a large batch of other findings, not a separate problem.

Example:

- a. **N3016 “Invalid Contract Year”** means that the provider directory data includes a different year than the contract year being reported. If the wrong contract year is supplied, all associated records will be dropped.
5. **Check validation reports daily.** Data files are processed daily, and updated validation results will appear in the next day’s report. CMS is also continuously improving the validation reports, so there could be adjustments to your results.
 6. **Supply important information to aid in resolving support tickets.** When initiating a ticket, provide your contract number and report date in the request. This information helps CMS locate the correct validation report and aids in responding to questions more quickly.

Troubleshooting Example

The steps below provide an example of how you can evaluate multiple validation errors.

1. Open the .csv file in Excel.

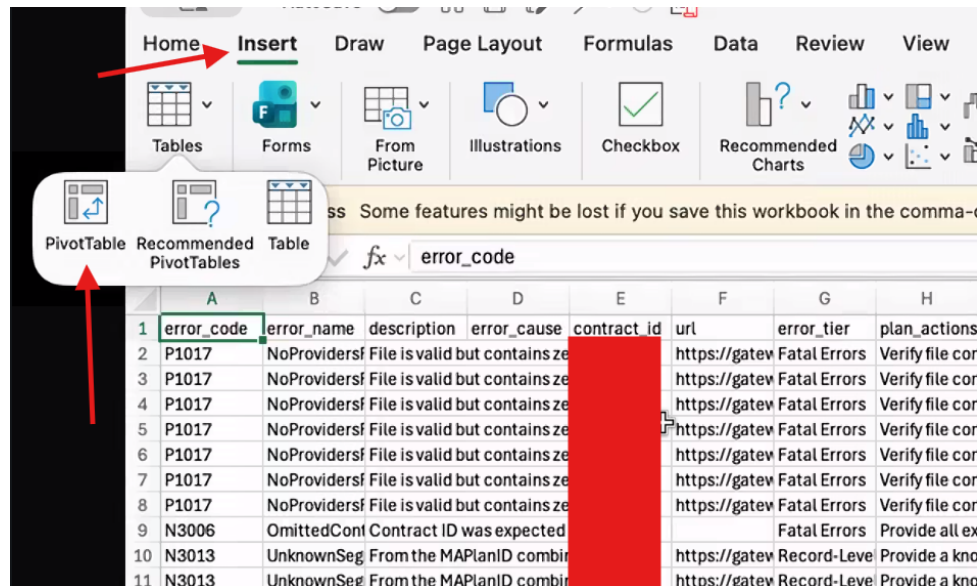
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	error_code	error_name	description	error_cause	contract_id	url	error_tier	plan_actions	npi	name	resource_id	ma_plan_id	plan_id	segment_id	invalid_year	address	state	zip	address
2	P1017	NoProviders	File is valid but contains ze H			https://gatew Fatal Errors	Verify file contains the expected provider data records												
3	P1017	NoProviders	File is valid but contains ze H			https://gatew Fatal Errors	Verify file contains the expected provider data records												
4	P1017	NoProviders	File is valid but contains ze H			https://gatew Fatal Errors	Verify file contains the expected provider data records												
5	P1017	NoProviders	File is valid but contains ze H			https://gatew Fatal Errors	Verify file contains the expected provider data records												
6	P1017	NoProviders	File is valid but contains ze H			https://gatew Fatal Errors	Verify file contains the expected provider data records												
7	P1017	NoProviders	File is valid but contains ze H			https://gatew Fatal Errors	Verify file contains the expected provider data records												
8	P1017	NoProviders	File is valid but contains ze H			https://gatew Fatal Errors	Verify file contains the expected provider data records												
9	N3006	OmittedCont	Contract ID was expected H			Fatal Errors	Provide all expected Contract IDs and associated data												
10	N3013	UnknownSeg	From the MAPlanID combi H			https://gatew Record-Level	Provide a kno												
11	N3013	UnknownSeg	From the MAPlanID combi H			https://gatew Record-Level	Provide a kno												
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			

Medicare Plan Finder (MPF) Provider Directory Implementation — Office Hours Q&A

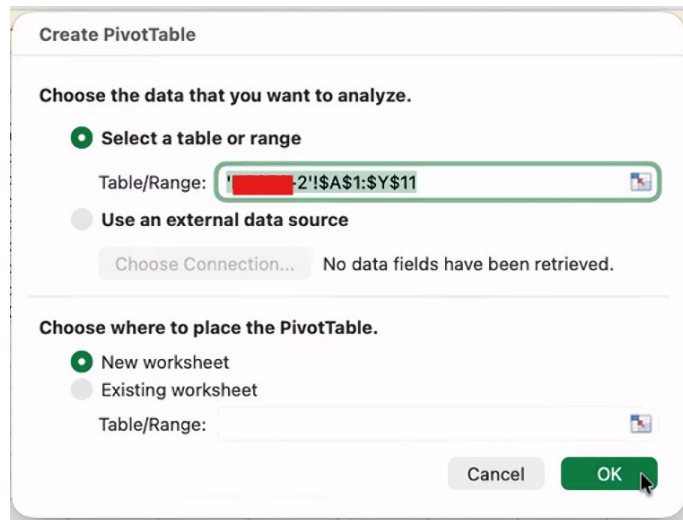
Office Hours Sessions 3-4

September 16-17, 2026

2. To group the results by unique error codes, go to Insert and select PivotTable:



3. Excel will auto populate the pivot table options. Click OK and a new sheet will be created:



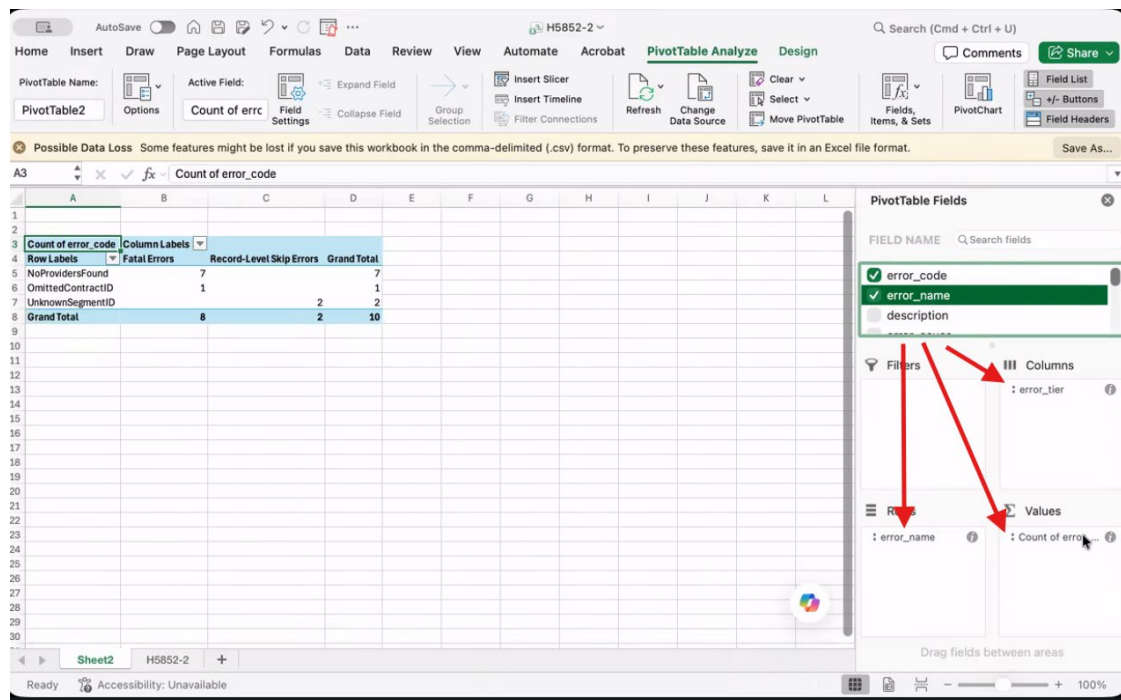
4. Drag the PivotTable fields into the areas below to create the new Pivot Table view:

- error_name to Row
- error_tier to Column
- error_code to Value – This will autoset to Count.

Medicare Plan Finder (MPF) Provider Directory Implementation — Office Hours Q&A

Office Hours Sessions 3-4

September 16-17, 2026



This view of the unique error codes present in the validation report can be used to begin the triage process.

Possible Data Loss: Some features might be lost if you save this workbook in

Count of error_code

Count of error_code	Column Labels			
Row Labels	Fatal Errors	Record-Level Skip Errors	Grand Total	
NoProvidersFound	7		7	
OmittedContractID	1		1	
UnknownSegmentID		2	2	
Grand Total	8	2	10	

This example illustrates how an error that results in dropped records can generate other errors as the validation process continues.

By count, the most prevalent error is “NoProvidersFound.” **However, the root cause is the “UnknownSegmentID” error.** When all records linked to the unknown segment ID were dropped, the corresponding MAPlanIDs were also dropped, which generated the “OmittedContractID” and “NoProvidersFound” errors.

Note: CMS continuously enhances the validation report to make it easier to spot the root cause error(s).