Issue Brief

FEDERAL ISSUE BRIEF

Analysis provided for MHA by Larry Goldberg, Goldberg Consulting

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CMS Issues Final Rule Regarding Contract Year 2026 Medicare Advantage Disclosure

The Centers for Medicare and Medicaid Services (CMS) have issued a final rule regarding Changes to the Medicare Advantage Contract Year 2026. The primary purpose of this rule is to amend the regulations pertaining to disclosure requirements under 42 CFR 422.111 for the Medicare Advantage (MA) program.

CMS is finalizing a new requirement that will increase beneficiaries' access to provider data while comparing plans in the CMS Medicare Plan Finder (MPF) tool, which will contribute to the beneficiaries' ability to make more informed decisions about their health care.

The display copy of the 39-page document is available at: https://public-inspection.federalregister.gov/2025-18236.pdf.

The ***Federal Register*** copy is at: https://www.govinfo.gov/content/pkg/FR-2025-09-19/pdf/2025-18236.pdf.

Effective date: These regulations are effective November 17, 2025.

Applicability date: This final rule is applicable beginning January 1, 2026.

CMS provides the following table summarizing the changes being made.

Summary of Costs, Transfers, and Benefits

Provision	Description	Financial Impact
Format Provider Directories for Medicare Plan Finder	To require MA provider directory data, as required under § 422.111(b)(3)(i), to be submitted to CMS/HHS for publication online in a format, manner, and timeframe determined by CMS/HHS. Additionally, to also require MA organizations to attest at least annually that this information is accurate when the attestation is submitted to CMS in accordance with guidance from CMS/HHS.	These changes will not affect the Medicare Trust fund. The paperwork burden is $500,000 annually.

Questions? Contact Andrew Wheeler, MHA's Vice President of Federal Finance, at 573-893-3700 | ext. 136 or awheeler@MoHospitals.org

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Provision	Description	Financial Impact
	CMS is not finalizing the portion of the proposed attestation requirement that would have required MA organizations to attest that the provider directory data are consistent with data submitted to comply with CMS's MA network adequacy requirements at: § 422.116(a)(2)(i). MA organizations already attest that they have an adequate network for access and availability of a specific provider or facility type.	

Provider directories allow beneficiaries and their caregivers to weigh Medicare options and decide if a plan's network meets their needs. Beneficiaries can check a provider directory to see if their existing providers are in the plan's network and which other contracted providers are available to deliver medical care.

The January 1, 2026, applicability date is the date by which plans will be required to conform with the new requirements in § 422.111(m) by making their provider directory data available to CMS; however, this data may not be accessible to the public on MPF by January 1, 2026. Additionally, CMS intends to offer technical support prior to January 1, 2026, as well as a testing period prior to having the new MPF functionality available to Medicare beneficiaries, to provide technical feedback to MA organizations in the period before they are expected to comply with these new requirements. The testing period will allow the parties to test that the directory data made available to Medicare beneficiaries through MPF reflects the data that the MA organizations provided.

CMS is finalizing the portion of the attestation proposal that requires MA organizations to attest, in a format and manner and at times determined by CMS, that all information submitted or otherwise made available to CMS/HHS under paragraph (m) be accurate. CMS is finalizing this part of its regulation with one modification, to make clear that at a minimum, MA organizations will be required to attest at least annually. Additional details about the format, manner, and timing/frequency of such attestation will be provided in the operational guidance.

CMS has decided not to finalize the portion of the proposed attestation requirement that would require MA organizations to attest that their provider directory data is consistent with data submitted to meet CMS's MA network adequacy requirements at § 422.116(a)(2)(i). CMS has determined it is more appropriate to distinguish provider directory accuracy from network adequacy for this purpose.