RevSpring

Medicare Plan Finder Phase II Info Session

September 23, 2026

Agenda

- **Medicare Plan Finder Phase 2: Where Things Stand**
- **Post Go-Live Support**
- **MPF Phase II vs. FHIR Provider Directory API**

Medicare Plan Finder Phase 2: Where Things Stand

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Where Things Stand

Program Overview

We're in the run-up to the October 1 public go-live – here's where attestation stands:

Attestation Status

- **September 18 deadline has passed –** Until you attest, CMS can suppress your directory from Medicare Plan Finder tool

Why You Should Still Attest, Even With Open Errors

- **It's a snapshot in time, not a certification –** CMS doesn't require re-attesting every time your data changes.
- **Open errors don't block attestation –** As long as you've prepared and posted your files and the data is accurate and truthful at the time of attestation, you can attest while still working through validation errors, including Level 1s

Known Issues

Validation Issues We're Tracking

Here’s the latest on validation issues affecting MPF Phase II submissions:

Resolved

- **Infrastructure Timeouts (C4001):** A same-day timeout pattern hit several clients last week; fix deployed and clearing from reports.
- **Invalid Address (Geocoding) (A2008):** CMS confirmed these addresses can't be geocoded by their service. If you're seeing this error, you'll need to update the address in your source data. You can use USPS’s website to check the address is complete and properly formatted.

Still Being Worked

- **Provider Specialty Mapping (P1009- Advisory Warning):** Where a specialty maps to a standard code, we publish it. For the rest, we’re adding an NPPES fallback — targeted to ship before 10/1.

Post Go-Live Support

Post Go-Live Support

Submitting Issues and What to Expect

Reports Keep Coming

CMS has confirmed daily crawling and validation continue indefinitely after go-live – this isn't a one-time check.

Submit Through Zendesk

Include the full validation report (not a screenshot) and the date the file was generated.

What to Expect: Response Times

Fatal / whole-file issues

Acknowledged within 1 business day

Full response and remediation plan within 2 business days. Fix timing depends on the extent of the issue.

Record-level issues

Acknowledged within 2 business days

A specific provider/plan record is affected – the rest of the file is fine. 30-day fix window.

Informational findings

No action required

Unless you determine it reflects a genuine issue on your end.

New Crosswalk File Submission

When You Need a New Production URL

A quick reference for when a new crosswalk file – and a new production URL – is actually required:

Change	New crosswalk file needed?	New URL needed?
Contract Number added/removed	Yes	Yes
Plan ID added/removed (existing contract)	Yes	No — same URL
Segment ID added/removed (existing contract + plan)	Yes	No — same URL

In short: changes within an existing contract update your crosswalk file only. Only a new or removed Contract Number requires a new URL entry in HPMS.

Key Things to Know

Post Go-Live Support – From CMS Q&A

These Dates Are Checkpoints, Not Finish Lines

- **Daily crawling and validation continue after 10/1 –** attestation doesn't lock your data. Keep correcting it as needed.
- **CMS will keep sending validation reports –** this isn't a one-time check

Not Seeing a Validation Report Doesn't Mean You're Clean

- **CMS hasn't confirmed a "blank file = no findings".** If you're not getting a report, verify with the HPMS Help Desk rather than assume all is well.

Deactivated NPI Errors Are Expected

- If a provider's NPI gets deactivated in NPPES after you've submitted your data, you may see a Level 2 error until your next refresh. CMS has confirmed this is by design – it correctly removes that provider from Medicare Plan Finder – and won't be held against your plan.

Geocoding is Getting Better

- CMS is rolling out Smarty's Rooftop geocoding, aimed at hard-to-find addresses – multi-unit buildings, rural roads, and locations outside the continental U.S. – which may help some currently-failing addresses clear going forward

MPF Phase II vs. FHIR Provider Directory API

MPF Phase II vs. Provider Directory FHIR API

Two Separate Initiatives – Both Leveraging FHIR

MEDICARE PLAN FINDER (MPF) PHASE II

Sends Medicare Advantage provider data to CMS

CMS rule: CMS-4208-F2 (Medicare Plan Finder Phase II, finalized 2025)

- **What it does:** Sends Medicare Advantage provider data to CMS for display in Medicare Plan Finder
- **Timeline:** Live now – working toward 10/1/26 public go-live.

FHIR Provider Directory API Endpoint

Exposes your provider directory via FHIR API endpoint

CMS rule: CMS-9115-F (Interoperability & Patient Access, 2020)

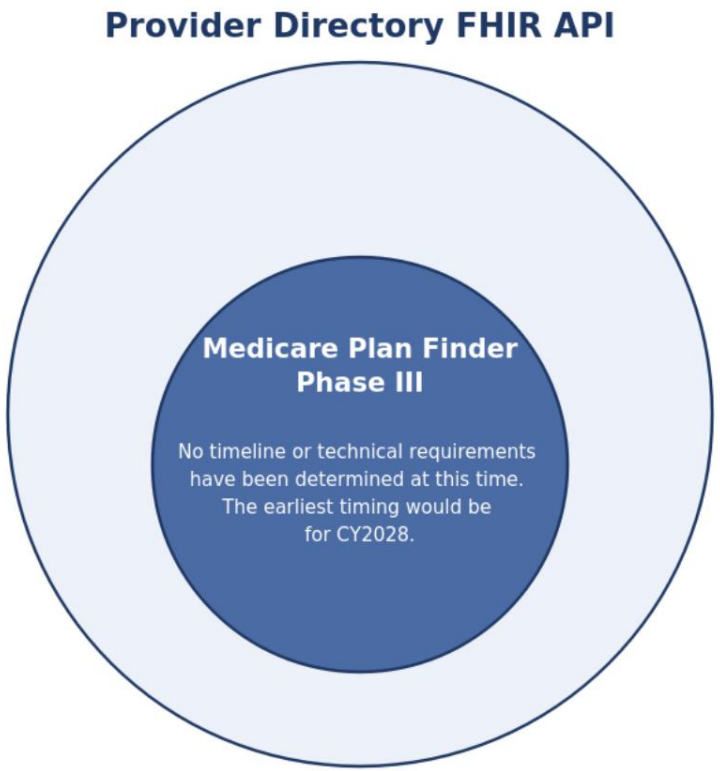
- **What it is:** A public FHIR API exposing your provider directory to members and third-party apps
- **Timeline:** Compliance has been required since 2021. Upgrading to the newer plan-net 1.2 spec is required by 1/1/27

This is a separate, broader initiative, supported for clients who license our FHIR Provider Directory API

Bottom line: two separate initiatives, two separate workflows, two separate CMS rules & deadlines – they just both run on FHIR.

Looking Further Ahead: MPF Phase III

Early Preview – Details Still Taking Shape



Where MPF Phase III Would Sit

- Any future MPF Phase III would sit inside the broader Provider Directory FHIR API scope shown here – not as a brand-new, separate framework.

Early Preview, Not Final

- No timeline or technical requirements have been determined at this time. The earliest realistic timing would be CY2028.
- We'll share more as CMS releases additional guidance – nothing to action today.