

Medicare Advantage Plans to Face Stricter Directory Rules

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Reporter

Medicare Advantage plans will soon be required to take steps to improve the timeliness and accuracy of information in their medical provider directories, the Trump administration announced Thursday.

The Contract Year 2026 Medicare Advantage and Part D final rule ([RIN 0938-AV40](#)) will require these online directories to be updated within 30 days of the date an MA organization becomes aware of changes to its provider data. MA plans will also have to submit annual attestations that the information provided to the Centers for Medicare &

Medicaid Services is accurate.

The rule aims to make it easier for consumers to compare their coverage options in the CMS' [Medicare Plan Finder](#). Outdated or inaccurate information in the provider directories has drawn complaints from consumers and lawmakers.

For example, more than 80% of the mental health providers listed as in-network in a sampling of Medicare Advantage plans weren't available to the plans' beneficiaries, the Senate Finance Committee [reported](#) in 2023.

Medicare Advantage plans cover more than half of all eligible program beneficiaries. Leading Medicare Advantage insurers include Humana Inc., UnitedHealth Group Inc., Centene Corp., and CVS Health Corp.

"Understanding which providers are in a plan's network is a vital piece for beneficiaries to make an informed choice," the CMS said. "Provider directories allow beneficiaries and their caregivers to weigh Medicare options and decide if a plan's network meets their needs."

The rule is effective as of Nov. 17, and is applicable as of Jan. 1, the rule said.

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