(d) *Enforcement period.* This section will be enforced on September 27, 2025, from 8 a.m. to 4 p.m.

Dated: September 4, 2025.

Randy L. Preston,

Captain, U.S. Coast Guard, Captain of the Port, Ohio Valley.

[FR Doc. 2025–18151 Filed 9–18–25; 8:45 am]

BILLING CODE 9110–04–P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

33 CFR Part 165

Regulated Navigation Areas and Limited Access Areas

CFR Correction

This rule is being published by the Office of the Federal Register to correct an editorial or technical error that appeared in the most recent annual revision of the Code of Federal Regulations.

In Title 33 of the Code of Federal Regulations, Parts 165 to 199, revised as of July 1, 2025, under the undesignated heading ''Fourteenth Coast Guard District'', redesignate section 165.1415 as 165.1414, and redesignate section 165.14–1414 as 165.1415.

[FR Doc. 2025–18201 Filed 9–18–25; 8:45 am]

BILLING CODE 0099–10–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 422

[CMS–4208–F2]

RIN 0938–AV40

Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly (PACE)—Finalization of Format Provider Directories for Medicare Plan Finder

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Final rule.

SUMMARY: This final rule implements Medicare Advantage disclosure requirement changes.

DATES:

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

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

FOR FURTHER INFORMATION CONTACT: Naseem Tarmohamed, (410) 786–0814.

SUPPLEMENTARY INFORMATION:

I. Executive Summary

A. Purpose

The primary purpose of this final rule is to amend the regulations pertaining to disclosure requirements under 42 CFR 422.111 for the Medicare Advantage (MA) (that is, Part C) program. In this final rule, 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.

B. Summary of the Provision—Format Provider Directories for Medicare Plan Finder

CMS is finalizing the proposed requirement for MA provider directory data to be submitted to CMS/HHS for publication online in accordance with guidance from CMS/HHS. In addition, CMS is finalizing the proposal that MA provider directory data be updated within 30 days of the date an MA organization becomes aware of changes to that data. CMS is also finalizing the proposal to require MA organizations to attest at least annually that the MA provider directory information is accurate when the attestation is provided to CMS. These regulatory changes will further promote informed beneficiary choice and transparency found in online resources, empowering people with Medicare to make informed choices about their coverage. CMS is not finalizing the portion of the proposal that would have required MA organizations to attest that their MA provider directory data are consistent with data submitted to comply with CMS's MA network adequacy requirements under § 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.

C. Summary of Costs and Benefits

TABLE 1—SUMMARY OF COSTS 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. 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.	These changes will not affect the Medicare Trust fund. The paperwork burden is $500,000 annually.

D. Publication of the Proposed and Final Rules

The proposed rule titled ''Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly'' appeared in the December 10, 2024, **Federal Register** (89 FR 99340) (hereinafter referred to as the ''December 2024 proposed rule'').

In response to the December 2024 proposed rule, CMS received approximately 31,227 timely pieces of correspondence containing multiple comments on the proposed rule, with