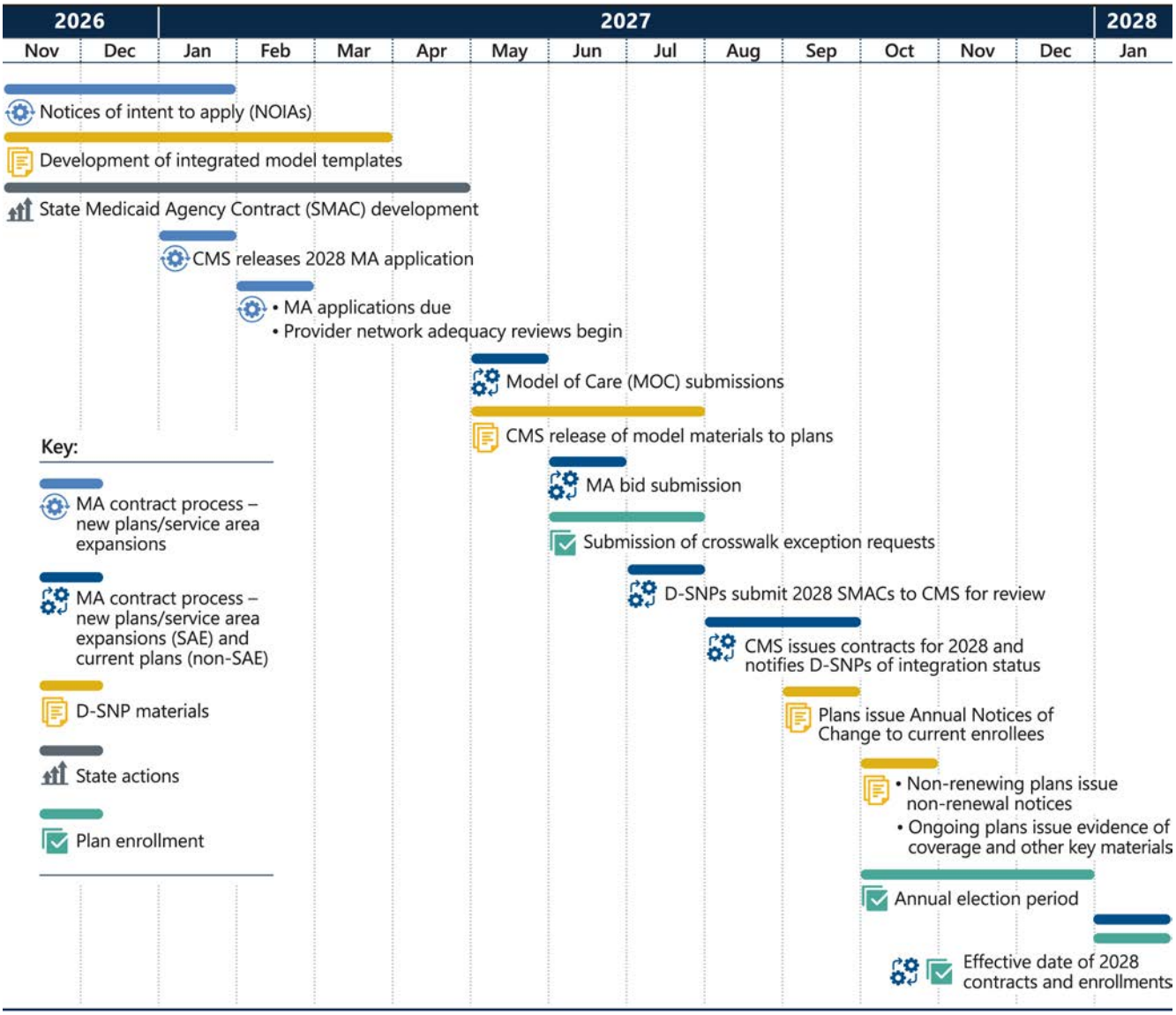
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Medicare Advantage Bid, Contract, Material, and Enrollment Processes: Key Considerations for State Contracting with D-SNPs

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When developing state Medicaid agency contracts (SMACs) with Medicare Advantage (MA) dual eligible special needs plan (D-SNPs), states need to be aware of certain key annual dates in the Centers for Medicare & Medicaid Services (CMS) MA contracting process, development and issuance of MA plan materials, and MA enrollment process. This tip sheet highlights those key dates (Exhibit 1) and describes specific considerations and actions for states that contract with D-SNPs. We have used contract year (CY) 2028 as an example, but similar timing and processes would apply to future contract years as well. For a more detailed list of dates in the MA bid and contract process, see the Integrated Care Resource Center (ICRC)'s technical assistance tool on Key Medicare Advantage Dates.[1]

Exhibit 1. Key dates in MA contract, materials, and enrollment processes



Key MA Application and Bid Process Dates for CY 2028

The sub-sections that follow describe several key steps in the CMS bid, contracting, material development, and enrollment processes for MA plans, including D-SNPs. Those sub-sections begin by highlighting key steps that must occur in the fall of 2026 for MA contracts that will take effect in CY 2028. The annual MA application and bid process begins approximately 14 months before the start of the contract year. States must keep that timeline in mind when developing D-SNP requirements.

In each sub-section, we present key steps in the aforementioned CMS processes, along with key considerations for states that contract with D-SNPs. In Appendix A, we provide an "at a glance" table that may be helpful for keeping track of these steps and considerations on a month-by-month basis.

November 2026

- **MA Organizations (MAOs) submit Notices of Intent to Apply (NOIAs).** Organizations planning to establish *new* Medicare Part D or MA contracts for 2028 or expand the service areas of existing contracts must submit a NOIA to CMS. Organizations have until January 2027 to submit NOIAs, but CMS recommends submission in November to ensure access to the CMS Health Plan Management System (HPMS) in time for application submission.
- **State role and considerations:** Knowing which organizations are intending to enter the state's D-SNP market or expand service areas can help states understand potential changes to the state's D-SNP landscape and consider how those changes might affect the state's integrated care goals (for example, aligning D-SNPs with affiliated Medicaid managed care plans that operate in the state). States can require MAOs with contracted D-SNPs to notify the state when they submit NOIAs to CMS. However, states may not know if new MAOs are trying to enter their market, as the state will not already have SMACs in place with those MAOs. State Medicaid agencies may be able to gather this information from state insurance agencies, as MAOs must typically submit documentation to those agencies to establish new health plans.

  States should notify MAOs offering D-SNPs in the state well in advance of the November NOIA deadline when the state intends to require the MAOs to expand D-SNP service areas in the applicable future year, so the MAOs can file timely NOIAs to reflect those service area expansions. States should also notify MAOs and CMS when the state is not planning to contract with a specific D-SNP for a future contract year, so the MAO knows not to submit a NOIA (when needed) for the applicable D-SNP, to withdraw the application if it has already been submitted, or to plan for a non-renewal submission.
- **CMS provides integrated material template(s) to states that will newly begin requiring applicable integrated plans (AIPs) to use certain integrated materials in 2028.** These integrated material template(s) can include the Annual Notice of Change (ANOC), Evidence of Coverage (EOC), Summary of Benefits, List of Covered Drugs (LOCD), Provider and Pharmacy Directory (PPD), and Member ID Card. (CMS requires AIPs to use an integrated ID card beginning with contract year 2027, but states can choose whether to require AIPs to use a particular model format for those ID cards or not.) States that have already required the use of integrated materials in past years will receive templates with Medicare annual updates from CMS for review in early

2027. The materials are updated annually to incorporate federal statutory and regulatory changes, changes driven by public comment processes, and other clarifying updates as needed.

- **State role and considerations:** States can require AIPs to use integrated materials.[2] Integrated materials present information about the Medicare and Medicaid benefits covered by the D-SNP (and the D-SNP's affiliated Medicaid managed care plan when applicable), as well as information about cost sharing, enrollee rights, and provider networks in a combined format to facilitate enrollee understanding of their total package of benefits within the integrated plan(s) and navigation of D-SNP systems and processes, such as grievances and appeals.[3]

  CMS will contact states with AIPs in the fall of 2026 to determine if they would like to work with CMS on integrated models for CY 2028 in 2027. CMS will share with states a timeline for integrated material development. For states with new AIP models, CMS will reach out about creating material templates around November 2026.[4] For states with existing AIPs that need to make annual updates, CMS will reach out in February-March 2027. CMS will work with states to develop state-specific integrated material templates that incorporate state Medicaid information. For states working on models for the first time, once the draft model has been developed, states will have the opportunity to share the models with interested groups for their feedback (such as plans or advocacy organizations). These models have been developed based on feedback from plans, providers, advocacy organizations, and enrollees).

  States are responsible for ensuring that D-SNPs covering Medicaid benefits meet Medicaid managed care requirements at 42 CFR 438.10, including any Medicaid-specific requirements for materials. States should add language to their SMACs requiring the use of these integrated materials.

November 2026 – April 2027

- **MAOs develop bids for 2028.** All MAOs intending to offer contracts in 2028—both existing contracts and new contracts—must submit bids to CMS by the first Monday in June. MAO bid development for 2028 will typically take place between November of 2026 and May of 2027. MA bids include detailed specifications of the benefits to be offered under each plan offered under the overall MA contract; the cost-sharing amounts to be charged to enrollees; and detailed cost estimates that include the projected costs of the benefits to be covered, assumptions regarding the costs to be covered by enrollee cost sharing, expected administrative costs and profit margins, projected enrollment and demographics of expected enrollees.
    - **State role and considerations:** States should communicate with MAOs offering D-SNPs about any new SMAC or Model of Care requirements that could affect D-SNP bid development, so the MAOs can appropriately respond to state priorities and expectations as they develop and finalize D-SNP bids for 2028. Examples of SMAC requirements that MAOs may need to consider when developing D-SNP bids include those that:
        - Affect plan costs (for example, requiring D-SNPs to conduct in-person assessments with specific groups of enrollees, or requiring the D-SNPs to establish dedicated call centers for enrollees);
        - Affect care coordination and/or the Model of Care;

- Affect coverage or delivery of specific plan benefits, including standard and supplemental benefits;
- Affect enrollee cost sharing;
- Impose data sharing or other types of reporting requirements for which the D-SNP will need to develop specific systems and procedures to ensure compliance; and
- Specify and/or limit which dually eligible populations can enroll in D-SNPs. For example, a state could restrict D-SNPs to only enrolling certain groups of dually eligible individuals or exclude certain sub-populations from D-SNP enrollment. D-SNPs will need to consider states' eligibility limits as part of their assumptions about how many enrollees they expect to serve in particular service areas.

Providing a draft SMAC for review to MAOs and other interested groups during the bid development timeline can also signal the state's investment in collaboration, enable solicitation of helpful feedback, and promote awareness and understanding of the state's intentions and expectations for D-SNP operations in 2028.

February 2027

- **MAOs submit applications for new contracts and contracts with expanding service areas.** CMS will post the 2028 MA application on its website in January 2027. MAOs intending to offer a new contract or expand the service area of an existing contract in 2028 must submit applications to CMS in February 2027 (after submitting a NOIA and prior to submitting a bid).

  MAOs that will continue to offer existing contracts with the same service areas as the prior year will submit bids to CMS to offer plans under those contracts in 2028, but they will not need to submit NOIAs or applications. This includes MAOs that currently offer SNPs under an existing contract. If the addition of a new D-SNP under an existing contract (that includes SNPs) does not expand the overall SNP service area covered under the existing contract, an MAO does not need to submit a new application. If an MAO does not currently offer any SNPs under the contract to which the D-SNP will be added, the MAO will need to submit a NOIA and the SNP application .

  As part of the MA application review process, CMS reviews provider networks for new contracts and expanded service areas of existing contracts. The CMS application review process, including review of provider network adequacy, begins in February and continues through May. CMS reviews provider networks for existing contracts that are not expanding service areas every three years (unless a triggering event occurs that necessitates a review).[5] Because provider network reviews are conducted at the contract level, if a new D-SNP is added to an existing contract and the new D-SNP will only operate in service areas already established under that contract, a CMS provider network review will not be conducted until the contract is due for its triennial review or a triggering event.

  - **State role and considerations:** During the application review process between February and May, states can engage with MAOs seeking to offer new contracts with D-SNPs or expand D-SNP service areas within the state about their CMS provider network reviews. CMS will notify D-SNPs that are not meeting network adequacy requirements during the

application review process to allow the D-SNPs opportunities to try to remedy the issue. By engaging with these MAOs early and often during the provider network adequacy review process, states can remain aware of any issues that arise and work with the MAOs to establish contingency plans for service areas where they may not meet CMS network adequacy requirements.

If not remedied, a CMS denial of an MAO's application to offer a D-SNP in a particular service area because the D-SNP does not meet CMS network adequacy requirements can have broader implications in states that require MAOs to offer D-SNPs statewide or to offer a D-SNP in all counties where the parent organization offers a Medicaid managed care plan. To avoid disruption for current enrollees or to state integrated care systems when a D-SNP is unable to operate in a particular service area, states that require D-SNPs to operate statewide or in certain service areas may wish to include contingency provisions in SMACs that allow for continued D-SNP operation in the remainder of the state when a D-SNP does not meet CMS network adequacy requirements in a particular service area (with state approval). Similarly, states that require Medicaid managed care plans to offer D-SNPs in all areas of Medicaid managed care plan operations may wish to include provisions in Medicaid managed care contracts that allow Medicaid managed care plans to operate for a specified period of time without an affiliated D-SNP in situations that are specified or approved by the state.

May 2027

- **MAOs submit Models of Care for contracts that include Special Needs Plans (SNPs), including contracts with D-SNPs**. MAOs offering SNPs must submit final Models of Care to CMS for review for new SNPs and SNPs entering a new Model of Care approval period.[6] The Model of Care submission deadline is the Friday before the first Monday in June each year.
    - **State role and considerations:** States considering new priorities for care coordination or SMAC requirements that will affect D-SNPs' Models of Care should discuss those with the MAOs well before the Model of Care deadline for submission.[7]
- **CMS releases template materials to MA plans, including AIPs and non-AIP D-SNPs**. After CMS and states have finalized state-specific integrated material templates for AIPs, CMS releases those templates to the AIPs for incorporation of plan-specific information. The integrated material templates are issued directly to the AIPs through the CMS Health Plan Management System (HPMS). AIPs then populate the templates with state-specific information and submit draft integrated materials to CMS and states for review and approval, as applicable.

  In May/June of 2026, CMS will also publicly release the 2028 templates for non-integrated materials to be used by MA plans, including non-AIP D-SNPs and AIP D-SNPs in states that do not work with CMS on integrated models. These materials include the ANOC, EOC, Low Income Subsidy (LIS) rider, Part D Explanation of Benefits, Formulary, PPD, etc.
    - **State role and considerations:** In addition to requiring AIPs to use integrated materials, states can require D-SNPs to incorporate state-specific information into particular materials and/or submit certain materials to the state for review. When a state requires AIPs to use

integrated model materials, the state can also require the AIPs to submit the populated templates to the state for review prior to distribution if desired. If a state elects to require D-SNP-only contracts (as permitted under 42 CFR §422.107(e)), the state can require D-SNPs to submit materials in HPMS for joint state and CMS review.

When establishing these requirements in D-SNP SMACs, states should consider CMS timelines for issuance of material templates, D-SNP submission of materials for CMS review, and D-SNP issuance of the materials to enrollees when determining appropriate timelines for incorporation of state-specified information and/or state review of particular materials.

June 2027

- **MAOs submit D-SNP bids, contract non-renewals, and service area reductions to CMS.** MA and Part D bids, contract non-renewals, and service area reductions must be submitted to CMS by the first Monday in June. Plan bids include the standard and supplemental benefits to be covered by each plan; the plans' cost-sharing structure and amounts; use of Medicaid value-added benefits or state-only funds to pay Part D cost sharing (when applicable); and detailed cost estimates that are based on projected enrollment and enrollee composition, the projected costs of covering benefits, assumptions about the portion of costs to be covered by enrollee cost sharing, and anticipated administrative costs and profit margins. Organizations must also submit to CMS requests to non-renew MA or Part D contracts in a state or to reduce the service area that an MA or Part D contract will cover for the following contract year, if applicable.
    - **State role and considerations:** D-SNP non-renewals and service area reductions may limit integrated care options for dually eligible individuals in affected service areas. Additionally, in states that require Medicaid managed care plans to have affiliated D-SNPs, the Medicaid managed care plan may lose its contract with the state if the D-SNP will no longer operate in the applicable service area. To ensure that the state has time to prepare for these kinds of changes, states may want to use SMACs to require MAOs to notify the state in advance if the MAO intends to non-renew or reduce the service area of a D-SNP. States can also require MAOs offering D-SNPs in the state to submit copies of the bids that are submitted to CMS (or segments of those bids, such as a list of supplemental benefits to be covered by each plan).
- **D-SNPs submit crosswalk exception requests to CMS.** Per 42 CFR § 422.530(a)(1), a crosswalk is the movement of enrollees from one MA plan benefit package (PBP) to another PBP. In other words, to crosswalk enrollees from one PBP to another is to change the enrollees' enrollment from the first PBP to the second. MAOs may only move D-SNP enrollees from one D-SNP PBP to another when the movement involved is described in the list of allowable crosswalk exceptions at 42 CFR § 422.530(c) and CMS approves the MAO's crosswalk request. MAOs must submit crosswalk exception requests to CMS initially in June or under a second submission in July of 2027 for enrollment changes that will take effect on January 1, 2028.
    - **State role and considerations:** States can require MAOs to use crosswalk exceptions to move enrollees from one D-SNP to another in allowable circumstances. For example, where a State limits enrollment in one D-SNP to beneficiaries that are under age 65 and another

D-SNP to beneficiaries that are over 65, the state through its SMAC may allow those members that turn 65 to stay enrolled in their original PBP until the end of the year and require the D-SNP to use the crosswalk exception process to move those members for the upcoming contract year. Regardless of whether a state is requiring movement of enrollees or not, when dually eligible individuals will need to be moved from one D-SNP PBP to another for the upcoming contract year, states should communicate with applicable MAOs to ensure that they have submitted the necessary crosswalk exception requests to CMS for review and approval.

July 2027

- **MAOs upload final, executed SMACs into HPMS for CMS review.** MAOs must upload the final, executed SMACs into HPMS by the first Monday in July for CMS review and approval. Starting in 2026, MAOs that offer D-SNPs that either (1) cover Medicaid benefits for D-SNP enrollees or (2) have an affiliated Medicaid managed care plan that covers Medicaid benefits for D-SNP enrollees are also required to upload the applicable Medicaid managed care contract(s) into HPMS, along with the SMAC.
    - **State role and considerations:** To ensure that MAOs have sufficient time for D-SNP contract execution and submission to CMS by the first Monday in July, states should issue final 2028 SMACs to MAOs well in advance of this July deadline. As noted previously, states imposing SMAC requirements that may affect an MAO's bid should also ensure that those requirements are communicated to the MAO well in advance of the bid deadline of the first Monday in June. States may also wish to communicate with MAOs offering D-SNPs in advance of the SMAC deadline to ensure that the MAOs have uploaded all required contracts and documentation into HPMS, so the state is made aware of any potential delays in the process. MMCO also welcomes states to share their draft SMACs with MMCO for pre-review between November and April.

August 2027

- **CMS notifies MAOs offering D-SNPs of D-SNP integration status, then issues contracts to MAOs approved to offer MA plans for MAO signatures**. A D-SNP will be designated by CMS as a fully integrated D-SNP (FIDE SNP), highly integrated D-SNP (HIDE SNP) or coordination-only D-SNP (CO D-SNP) based on the requirements for these different types of D-SNPs.[8] D-SNPs designated as AIPs will need to follow additional specialized requirements, including using integrated plan-level appeal and grievance processes.
    - **State role and considerations:** States can communicate with D-SNPs and CMS to understand D-SNPs' integration status designations for 2028 and any implicationsof changes in those designations from 2027 to 2028. Once MA contracts are fully executed, CMS typically publishes a list of integrated D-SNPs on its website,[9] and integration status designations are also provided in monthly CMS Special Needs Plan (SNP) comprehensive reports.[10]

September 2027

- **All MA plans, including D-SNPs, send ANOCs to current enrollees.** The ANOC describes any changes in an MA plan's coverage, costs, or service area that will be effective in January of the coming year. ANOCs are issued in September to ensure that plan enrollees are aware of upcoming changes in advance of the Medicare annual enrollment period, so they can change plans for 2028 if desired.
    - **State role and considerations**: For states that do not have integrated materials, states may want to require in their SMACs that D-SNPs submit ANOCs to the state for review prior to CMS review and issuance to enrollees so the state can ensure that the ANOCs comply with any state requirements, such as inclusion of a description of changes to applicable Medicaid benefits. Alternatively, states that do not require submission of ANOCs for review prior to issuance may require in their SMACs that D-SNPs submit final ANOCs to the state for informational purposes.

October 2027

- **Non-renewing D-SNPs communicate with current enrollees.** In June of each year, MAOs submit notification to CMS of their intent to non-renew any contracts, including those with D-SNPs. In situations where a D-SNP's enrollees will not be moved to another D-SNP (such as through passive enrollment or CMS-approved crosswalk movement of enrollees through the CMS annual rollover process in early November) the applicable MAOs must send letters to current enrollees explaining that the D-SNP will not be available in 2028. These letters must clearly explain the enrollees' rights and options for Medicare coverage, including their opportunity to select a new MA plan for 2028 during the Medicare annual enrollment period.
    - **State role and considerations**: States can work with non-renewing D-SNPs in advance of the October deadline to ensure the D-SNPs include appropriate information in non-renewal notices about enrollees' continued access to Medicaid benefits. CMS generally releases the model non-renewal notices in September, and the D-SNPs must include all other Medicare health plan options available to enrollees in these notices. States with integrated D-SNPs may also want to require that the non-renewing D-SNPs notices include information about integrated D-SNPs that will continue to be offered in the state.
- **D-SNPs submit enrollment transactions to CMS for approved crosswalk exceptions.** MAOs that have received CMS approval for D-SNP crosswalk exception requests that require plan-submitted rollover activity will submit enrollment transactions in October to effectuate the crosswalk exceptions, per CMS' annual "End-of-Year Enrollment and Payment Systems Processing Information" memo, which is released in August every year. New enrollments will be effective January 1 of the upcoming contract year.
    - **State role and considerations**: States with D-SNPs that will be using crosswalk exception requests to move members should communicate with the applicable MAOs to ensure that the enrollment transactions have been submitted correctly and timely, and that the D-SNPs receive CMS approval for all transactions.

- **MA plans, including D-SNPs, send several plan materials to current enrollees.** MAOs must send the following documents to current MA plan enrollees to explain their coverage of benefits and services for 2028: EOC (Member Handbook); abridged or comprehensive formularies; and provider and pharmacy directories. Alternatively, MAOs can mail enrollees a notice informing enrollees how to access the materials electronically, per 42 CFR 422.2267(d)(2)(i). MAOs can also begin marketing to potential enrollees, and annual election period for 2028 begins.
    - **State role and considerations:** States can monitor whether D-SNPs send the required materials to enrollees and whether enrollees, enrollment assisters, and other stakeholders have any questions or concerns about these D-SNP materials.
- **MA and Part D plans, including D-SNPs, begin accepting enrollment requests for 2028**. All Medicare beneficiaries can submit enrollment requests for 2028 MA or Part D plan enrollment during the Medicare annual enrollment period, which takes place October 15 – December 7, 2027. Additionally, people who will become eligible for Medicare in January of 2028 may use their Medicare initial enrollment period, which begins on October 1, 2027, to submit an MA or Part D plan enrollment request for a January 1 effective date.
    - **State roles and considerations**: States that use "Medicare first" exclusively aligned enrollment processes to align Medicaid managed care enrollment with D-SNP enrollment will begin seeing D-SNP enrollment transactions for 2028 in October of 2027. (For information about Medicare-first exclusively aligned enrollment, see ICRC's tools on exclusively aligned enrollment.)

Key Takeaways

States that contract with D-SNPs should maintain awareness of CMS MA contracting processes and timelines. The CMS processes and deadlines described in this tool cannot be altered, so states interested in contracting with D-SNPs will need to ensure that state policy decisions affecting D-SNP contracts are made—and communicated to affected MAOs—sufficiently in advance of applicable CMS deadlines. States should also understand the ways in which certain steps in the CMS MA contracting process (such as network adequacy or Model of Care reviews) can affect state integrated care plan markets, especially if an MAO does not obtain CMS approval to operate a D-SNP. ICRC developed this timeline tool to help states better understand the CMS MA contracting process and key roles and considerations for states as MAOs use that process to seek CMS approval to offer D-SNPs. States should reach out to the Medicare-Medicaid Coordination Office (MMCO) and ICRC if the states have any questions about the MA contracting processes and timelines.

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The **Integrated Care Resource Center** is a national initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided by the Integrated Care Resource Center are coordinated by Mathematica and the Center for Health Care Strategies. For more information, visit www.integratedcareresourcecenter.com.

Endnotes

[1] Integrated Care Resource Center (ICRC). "Key Medicare Advantage Dates." March 2026. Available at:https://www.integratedcareresourcecenter.com/resource/key-medicare-advantage-dates.

[2] AIPs are D-SNPs that operate with exclusively aligned enrollment and cover at least some Medicaid benefits (through the D-SNP or through an affiliated Medicaid managed care plan operated by the same parent organization as the D-SNP). For more information about AIPs and other types of D-SNPs, see this ICRC tool: https://integratedcareresourcecenter.com/resource/definitions-different-medicare-advantage-dual-eligible-special-needs-plan-D-SNP-types-2023.

[3] ICRC. "Integrating Dual Eligible Special Needs Plan Materials to Promote Enrollee Understanding of and Access to Benefits." February 2024. Available at: https://www.integratedcareresourcecenter.com/resource/integrating-dual-eligible-special-needs-plan-materials-promote-enrollee-understanding-and.

[4] MA communications and marketing materials are referred to as being either "standardized" or "model" materials. Standardized materials must be used in the exact template provided by CMS, and states and MA plans can only make certain alterations listed in the material's template instructions, such as populating variable fields, adding plan-specific information, and deleting content that does not pertain to the plan type. In contrast, states and MA plans have more flexibility to alter model materials, which are created by CMS as an example of how to convey information to enrollees. The model materials must still accurately convey the vital information and must follow CMS' order of content, when specified. States can make changes to the content of model materials to better reflect state- and plan-specific content.

[5] CMS. "Medicare Advantage and Section 1876 Cost Plan Network Adequacy Guidance." Available at: https://www.cms.gov/files/document/medicare-advantage-and-section-1876-cost-plan-network-adequacy-guidance-12-09-2024.pdf.

[6] CMS issues approvals for D-SNP Models of Care for one, two, or three years depending on the score the D-SNP receives for its MOC. For more information about Models of Care, see: https://www.cms.gov/medicare/enrollment-renewal/special-needs-plans/model-care.

[7] ICRC. "Leveraging Dual Eligible Special Needs Plan (D-SNP) Models of Care to Enhance Enrollee Care Coordination." April 2023. Available at: https://www.integratedcareresourcecenter.com/webinar/leveraging-dual-eligible-special-needs-plan-D-SNP-models-care-enhance-enrollee-care.

[8] For definitions of the different types of D-SNPs, see: https://integratedcareresourcecenter.com/resource/definitions-different-medicare-advantage-dual-eligible-special-needs-plan-D-SNP-types-2023.

[9] For updated information about integrated D-SNP designations in a state, see the integrated D-SNPs list available at: https://www.cms.gov/medicare/medicaid-coordination/about/dsnps.

[10] CMS. "Special Needs Plan (SNP) Data." Available at: https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-advantagepart-d-contract-and-enrollment-data/special-needs-plan-snp-data.

Appendix A. Key dates in MA contract, materials, and enrollment processes

Month-Year	MA contract process: New plans and plans expanding service areas for 2028	MA contract process: Current plans that are not expanding service areas for 2028	D-SNP materials	Plan enrollment	State actions
Nov-26	Notice of Intent to Apply (NOIA) submission for new contracts and contracts expanding service areas for 2028 (can be submitted between Nov-Jan). 2028 bid development begins.	2028 bid development begins.	States that will be newly requiring integration of particular materials in 2028 begin work with CMS to develop integrated model material templates.		If the state wishes to require MAOs to offer new D-SNPs or expand D-SNP service areas in 2028, make sure those MAOs submit NOIAs to CMS. Begin working with CMS on integrated material templates for AIPs (if applicable).
Dec-26					
Jan-27	CMS releases 2028 MA plan application; final day to submit NOIAs.				
Feb-27	MA applications due for new plans and plans expanding service areas. CMS begins review of provider network adequacy for new plans, expanded service areas, and plans up for triennual reviews.		States that required certain integrated materials in 2027 will work with CMS to create updated templates for those materials for 2028.		Develop 2028 SMAC and communicate with D-SNPs early and often about new requirements, especially requirements that will affect the MAO's development of its bid and/or Model of Care. Communicate with D-SNPs about provider network adequacy reviews that occur February through May to learn about any gaps in plan networks (particularly if the state requires D-SNPs to operate statewide or in certain counties).
Mar-27					
Apr-27					
May-27	Deadline for submission of Models of Care for new D-SNPs or D-SNPs with Models of Care up for renewal (Friday before the first Monday in June).	Deadline for submission of Models of Care for D-SNPs with Models of Care up for renewal (Friday before the first Monday in June).	CMS releases 2028 models for MA plan Annual Notice of Change (ANOC), Evidence of Coverage (EOC), Low Income Subsidy (LIS) rider, Part D Explanation of Benefits, formularies, and provider and pharmacy directory documents. For AIPs operating in states that choose to develop integrated model materials with CMS, CMS releases state-specific model materials between May and July.		Communicate with contracted AIPs to ensure that they receive and are prepared to use integrated material templates developed by the state and CMS (if applicable).

Key Dates for States Developing Requirements for D-SNPs

Month-Year	MA contract process: New plans and plans expanding service areas for 2028	MA contract process: Current plans that are not expanding service areas for 2028	D-SNP materials	Plan enrollment	State actions
Jun-27	Deadline for submission of bids, contract non-renewals, and service area reductions for 2028.	Deadline for submission of bids, contract non-renewals, and service area reductions for 2028.		Submission periods for MAOs to request CY2028 crosswalk exceptions.	Obtain copies of D-SNP bid submissions from MAOs (if required in SMAC)
Jul-27	MAOs submit final, executed SMACs (and Medicaid managed care contracts, when applicable) to CMS for review.	MAOs submit final, executed SMACs (and Medicaid managed care contracts, when applicable) to CMS for review.			Communicate with contracted D-SNPs to ensure (1) all applicable D-SNPs submit final, executed SMACs to CMS for review, and (2) any D-SNPs that need to submit crosswalk exception requests to CMS have done so.
Aug-27	CMS issues contracts and notifies MAOs of D-SNP integration status.	CMS issues contracts and notifies MAOs of D-SNP integration status.			Communicate with D-SNPs and CMS to understand D-SNPs' integration status designations for 2028. If any D-SNPs in the state will be nonrenewed for 2028, states may want to consider state-specific requirements for the nonrenewal notices to be issued by those D-SNPs.
Sep-27	Deadline for full CMS contract execution.	Deadline for full CMS contract execution.	Current plans that will continue to operate in 2028 send ANOCs to current enrollees that describe plan changes for 2028 (including integrated ANOCs when applicable).		Make sure ANOCs issued by D-SNPs comply with any applicable state requirements prior to D-SNP issuance.
Oct-27			Current plans that will not be renewed in 2028 send non-renewal notices to current enrollees. Current plans that will continue to operate in 2028 send enrollees the EOC, abridged or comprehensive formularies, and provider and pharmacy directory documents for 2028 or a notice informing them how to access the materials electronically (including integrated versions of these materials when applicable).	Plan marketing and annual election period for 2028 begin. D-SNPs submit transactions for approved crosswalk exceptions.	Make sure plan materials issued by D-SNPs comply with any applicable state requirements prior to D-SNP issuance. Communicate with D-SNPs and CMS to ensure that D-SNPs that need to use crosswalk exceptions for 2028 have submitted the necessary transactions to CMS.
Nov-27					
Dec-27				End of annual election period.	

Key Dates for States Developing Requirements for D-SNPs

Month-Year	MA contract process		D-SNP materials	Plan enrollment	State actions
	New plans and plans expanding service areas for 2028	Current plans that are not expanding service areas for 2028			
Jan-28	2028 contracts are effective.	2028 contracts are effective.		Enrollment effective date for plan enrollments processed during the annual election period (October 15 - December 7, 2027) or initial election periods taking place between October and December. MA open enrollment period begins and runs through March 31.	