ICRC | Integrated Care Resource Center

Helping states develop integrated programs for individuals who are dually eligible for Medicare and Medicaid

July/August 2026

Integrated Care Updates

CMS Releases Guidance on Off-Cycle Special Needs Plan (SNP) Model of Care (MOC) Submissions

The Centers for Medicare & Medicaid Services (CMS) released new guidance clarifying when Medicare Advantage (MA) organizations sponsoring Special Needs Plans (SNPs) may submit off-cycle Model of Care (MOC) revisions for review by the National Committee for Quality Assurance (NCQA). Dual eligible special needs plans (D-SNPs) and institutional special needs plans (I-SNPs) may submit qualifying substantial revisions during designated windows; chronic condition special needs plans (C-SNPs) may submit only when required by CMS to ensure compliance with applicable law. The contract year (CY) 2026 off-cycle submission window is June 1 through November 30, 2026. Beginning in CY 2027, the off-cycle submission windows will be January 1 through March 31 and October 1 through December 31 each year. Plans should submit only substantive operational changes during these periods and may not implement revisions until NCQA approves them.

CMS Medicare-Medicaid Coordination Office Releases Fiscal Year 2025 Report to Congress

In July 2026, the CMS Medicare-Medicaid Coordination Office (MMCO) released its annual report to Congress for fiscal year 2025. This report highlights key characteristics of dually eligible individuals; the number of dually eligible individuals enrolled in aligned Medicare and Medicaid plans and Programs of All-Inclusive Care for the Elderly (PACE) in 2025; and key focal points of MMCO's work, including the closing of the Financial Alignment Initiative demonstrations, increasing aligned enrollment in D-SNPs, promoting default enrollment, the rollout of the new integrated care special enrollment period (SEP) and new rules for D-SNPs that take effect in 2027, and updates to state buy-in and Medicare Savings Program policies.

New ICRC Resource: Exclusively Aligned Enrollment Report, July 2025 – July 2026

In August 2026, the Integrated Care Resource Center (ICRC) published a new version of its monthly exclusively aligned enrollment report, which presents monthly plan- and state-level enrollment in applicable integrated plans (AIPs) and PACE organizations. This new report is available in a 508-compliant Excel format, so states can filter the data to view enrollment trends among particular plans and states.

New ICRC Resources on Medicare-First Exclusively Aligned Enrollment (EAE)

ICRC recently released the recording from a new webinar and TA tool for states on implementing "Medicare-first" EAE:

- **Recent webinar:** Implementing "Medicare-First" Exclusively Aligned Enrollment: Key Steps & Considerations for States. On June 23, 2026, ICRC hosted a webinar for state Medicaid agency staff on implementing "Medicare-first"

EAE. This webinar summarized the benefits of EAE for dually eligible individuals and states, explained why a state might opt to use a "Medicare-first" EAE approach or a "Medicaid-first" EAE approach, provided an overview of the Medicare enrollment processes used by D-SNPs, and described key steps and considerations for states that choose to align dually eligible individuals' Medicaid coverage with D-SNP enrollment. The webinar also highlighted upcoming EAE requirements for states, per the rules at 42 CFR 422.514(h)(2).

- **New TA tool:** Key Steps and Considerations for States Using "Medicare-First" Exclusively Aligned Enrollment Processes with Dual Eligible Special Needs Plans (D-SNPs). In addition to the webinar mentioned above, ICRC published a new technical assistance (TA) brief in June 2026 on "Medicare-first" EAE. The tool provides an overview of the MA enrollment process, a summary of key steps in aligning Medicaid coverage with D-SNP enrollment, key decisions for states interested in using Medicare-first EAE, examples of common enrollment and disenrollment scenarios for states to consider when designing Medicare-first EAE processes, and descriptions of the files through which states can learn about D-SNP enrollments and disenrollments.

Recent MedPAC and MACPAC Reports to Congress Address Topics Related to Dually Eligible Individuals

The Medicare Payment Advisory Commission (MedPAC) and Medicaid and CHIP Payment and Access Commission (MACPAC) issue annual reports to Congress in March and June every year. The June 2026 MedPAC report to Congress and the June 2026 MACPAC report to Congress contain several chapters that may be of interest to state Medicaid agency staff who work on topics related to dually eligible individuals, including chapters on the complexity of Medicare enrollment decisions for beneficiaries (MedPAC report), Medicaid managed care accountability (MACPAC report), and PACE (MACPAC report).

MedPAC Publishes Data Book on Spending

On July 16, 2026, MedPAC released its 2026 Data Book on health care spending and the Medicare program, which provides information on national health care and Medicare spending, Medicare beneficiary demographics, dually eligible individuals, use of alternative payment models to provide care to Medicare beneficiaries, MA enrollment, and results from MedPAC's access to care survey, in addition to providing information about fee-for-service Medicare spending on a variety of Medicare-covered services. The section on dually eligible individuals highlights their share of Medicare spending and examines key differences between dually eligible individuals and non-dually eligible individuals related to disability status, health status, demographic characteristics, and patterns of health care service utilization.

Key Upcoming Dates

The following are key upcoming dates from ICRC's Key MA Dates calendar, which is based on a broader CMS calendar that is available at the bottom of the CMS Health Plan Management System (HPMS) homepage:

- **August – September 2026**: Plan preview periods of Part C & D Star Ratings in HPMS.
- **August 20, 2026**: CMS releases CY 2027 contract materials in HPMS for MA and Part D plans, (including D-SNPs).
- **Late August 2026**: CMS notifies all D-SNPs of final determinations of integration status and sanctions based on CY 2027 state Medicaid agency contracts (SMACs).
- **August 31, 2026**: CY 2027 contract execution deadline.
- **August 31, 2026**: CY 2026 Part C and D reporting requirements data submission for enrollment/disenrollment.

- **September 8 – 11, 2026:** Second CY 2027 Medicare Plan Finder (MPF) benefit and drug pricing plan preview in HPMS.
- **Mid-September 2026:** All CY 2027 contracts fully executed (signed) by both Part C/Part D plan sponsors and CMS.
- **September 30, 2026:** Deadline for all MA organizations (including D-SNPs) to send the standardized Annual Notice of Change (ANOC) to enrollees. Plans that have Part D cost sharing must also send the Low-Income Subsidy (LIS) rider to enrollees by this date. Plans that do not have Part D cost-sharing, including during periods of deemed enrollment, do not have to send the LIS rider to enrollees.
- **October 1, 2026:** MA and Prescription Drug Plan (PDP) marketing begins for CY 2027. Organizations may market both CY 2026 and CY 2027 simultaneously but must clearly indicate which plan year is being discussed.
- **October 2, 2026:** Deadline by which non-renewing prescription drug plans (PDPs), MA plans, Medicare Advantage-Prescription Drug (MA-PD) plans, and cost-based plans must send final, personalized non-renewal notification letters to current enrollees.
- **Mid-to-Late October 2026:** Plans submit Medicare Advantage and Prescription Drug System (MARx) transactions for approved crosswalk exceptions (in accordance with the guidance provided in the End-of-Year Enrollment and Payment Systems Processing Information HPMS memo).
- **Early-Mid October 2026:** Part C & D Star Ratings go live on Medicare.gov.
- **Mid-October 2026:** CMS releases CY 2028 Notice of Intent to Apply (NOIA) for MA organizations wishing to apply for new contracts or service area expansions.
- **October 9, 2026:** Plan Rollover (POVER) transactions must be submitted for D-SNP look-alikes (if required) according to the End-of-Year Enrollment and Payment Systems Processing Information Memo.
- **Mid-Late October 2026:** POVER transactions must be complete (if required) according to the End-of-Year Enrollment and Payment Systems Processing Information Memo.
- **October 15, 2026:** Deadline for all MA organizations (including D-SNPs) to send the following documents or a notice informing enrollees how to electronically access the following documents: Evidence of Coverage (EOC/Member Handbook); abridged or comprehensive formularies; and provider and pharmacy directories.
- **October 15, 2026:** Deadline for MA organizations that need to make corrections to CY 2027 ANOCs to submit ANOC errata to CMS in HPMS. MA organizations must send the corrected ANOCs to enrollees immediately following CMS approval.
- **October 15, 2026:** CY 2027 Annual Election Period begins. Organizations must begin downloading CY 2026 Online Enrollment Center (OEC) transactions from HPMS. All MA organizations/PDP sponsors must hold open enrollment.