

Integrated Care Updates

CMS and ICRC issue new materials for states with D-SNPs affected by rules at 42 CFR §422.514(h)

In April 2024, the Centers for Medicare & Medicaid Services (CMS) codified new provisions at 42 CFR §422.514(h) that are designed to simplify options for dually eligible individuals and promote greater alignment of dual eligible special needs plans (D-SNPs) and Medicaid managed care organizations (MCOs). In April 2026, CMS issued the contract year (CY) 2027 Medicare Advantage and Part D final rule, which codified two new exceptions to these rules. To assist states contracting with D-SNPs affected by these rules, CMS recently released an [updated frequently asked questions \(FAQ\) document](#), and ICRC released a [technical assistance \(TA\) brief](#). State Medicaid agency staff with questions about the applicability of these new rules to D-SNPs in their state can also contact ICRC at ICRC@mathematica-mpr.com for assistance.

CMS Posts CY 2027 SMAC Submission Instructions

CMS has posted the [CY 2027 State Medicaid Agency Contract \(SMAC\) submission instructions](#) for Medicare Advantage organizations seeking to offer D-SNPs. The instructions outline required Health Plan Management System (HPMS) attestations and documentation, including uploading of the state Medicaid agency contract, applicable Medicaid managed care contract documentation, the basic D-SNP SMAC Requirements matrix, and, as applicable, the special needs plan contract requirements matrix for highly integrated D-SNPs (HIDE SNPs), fully integrated D-SNPs (FIDE SNPs), and applicable integrated plans (AIPs). CMS notes that SMAC submissions must be completed through HPMS and that D-SNPs must have an executed SMAC in place by the submission deadline.

New ICRC Resource: Key Considerations for States on Medicare Advantage Bid, Contract, Material, and Enrollment Processes

In May 2026, [ICRC published a new TA tool for states that highlights key dates](#) in (1) the CMS bid and contracting process for MA plans (including D-SNPs), (2) the processes used to develop material templates for MA plans (including integrated material templates for AIPs), and (3) the MA enrollment process. The tool also describes specific considerations that states should keep in mind when developing requirements for SMACs, and it includes two quick-reference timelines to help states maintain awareness of the key dates presented within the tool.

Recent MedPAC and MACPAC Meetings and 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) both issue annual reports to Congress in March and June every year. The [March 2026 MedPAC report](#) to

Congress contains MedPAC’s mandated report on D-SNPs, and the [March 2026 MACPAC report to Congress](#) contained two chapters that may be of particular interest to state Medicaid agency staff who work on topics related to dually eligible individuals—one on a MACPAC recommendation related to the home- and community-based services (HCBS) workforce and one on behavioral health in Medicaid and CHIP. MACPAC also discussed its findings from a study on Programs of All-Inclusive Care for the Elderly (PACE) and potential recommendations related to PACE oversight in its [March 2026](#), [April 2026](#) and [May 2026](#) meetings.

New and Updated ICRC Resources

ICRC recently released the recording from one new webinar and one updated TA tool related to dually eligible individuals and integrated care:

- **Recent webinar:** “[Using the LEAD Model to Better Coordinate Care for Dually Eligible Beneficiaries in Original Medicare.](#)” On March 25, 2026, ICRC hosted a webinar for state Medicaid agency staff on the new Long-term Enhanced ACO Design (LEAD) Model and opportunities for state participation. In this webinar, representatives from the [CMS Innovation Center](#) presented on this new model, through which ACOs in two selected states will partner with Medicaid managed care plans and states to better coordinate care for full-benefit dually eligible individuals in Original Medicare.
 - **Updated TA tool:** “[Key Medicare Advantage Dates.](#)” ICRC recently updated our calendar of key Medicare Advantage dates to support states in developing and implementing integrated care programs for people dually eligible for Medicare and Medicaid.
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Identifying D-SNPs Using CMS Resources

CMS provides two helpful public resources that states can use to identify and understand the D-SNPs that operate in particular states:

- First, [CMS provides a list of integrated D-SNPs nationwide on its integrated D-SNPs webpage.](#) CMS updates that list once a year.
 - Second, the [CMS SNP Comprehensive Report](#) (updated monthly) offers plan-level details—such as contract and plan identification (ID) numbers, integration status, AIP status, and total plan enrollment— that states can use to understand, confirm and compare D-SNPs within or across states. Note that this report contains information on all MA special needs plans, including chronic condition special needs plans (C-SNPs), institutional special needs plans (I-SNPs), and D-SNPs. States can filter the “Special Needs Plan Type” column (column K) to view only D-SNPs.
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Key Upcoming Dates

The following are key upcoming dates from ICRC’s [Key Medicare Advantage Dates calendar](#) (which is based on a broader CMS calendar that is available at the bottom of the [CMS HPMS homepage](#)):

- **May – July 2026:** CMS releases CY 2027 AIP D-SNP models for certain states requiring integrated Medicare and Medicaid models, including the integrated Member ID card template and certain state-specific model materials.
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- **May 29, 2026:** Model of Care renewal submissions due for D-SNPs, I-SNPs, and C-SNPs with Model of Care (MOC) approvals ending December 31, 2026.
- **May 29, 2026:** Submission period begins for plans to submit CY 2027 marketing materials and communication materials, as applicable, to CMS for review via the HPMS Marketing Module.
- **Late May 2026:** Qualification determinations provided to CY 2027 applicants for new contracts or service area expansions.
- **June 2026:** CMS begins triennial provider network adequacy reviews for active MA plans, including D-SNPs.
- **June 1, 2026:** Deadline for all MA and Part D plans to submit CY2027 bids and formulary files, and contract non-renewals and service area reductions, in HPMS.
- **June 2-3, 2026:** Initial submission period for MA organizations to request crosswalk exceptions for CY 2027.
- **June 3, 2026:** CMS releases the CY 2027 D-SNP module for D-SNPs to upload required SMACs, attestations, and contract matrices into HPMS.
- **June 17-19, 2026:** Second submission period for plans/Part D sponsors to request CY2027 crosswalk exceptions in HPMS.
- **July 6, 2026:** Deadline for all D-SNPs to upload required SMAC and Contract Matrices to HPMS. For CY 2027, D-SNPs attesting to qualifying as HIDE SNPs or FIDE SNPs will need to upload copies of their organization's Medicaid managed care contract with the applicable state Medicaid agency, as well.
- **August – September 2026:** Plan preview periods of Part C & D Star Ratings in HPMS.
- **August 20:** CMS releases CY2027 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 CY2027 SMACs.
- **August 31:** CY2027 contract execution deadline.

ABOUT THE INTEGRATED CARE RESOURCE CENTER

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

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