ICRC | Integrated Care Resource Center

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

September/October 2026

Integrated Care Updates

CMS Releases Annual Landscape Files and Lists of Integrated D-SNPs for 2027

The Centers for Medicare & Medicaid Services (CMS) Medicare-Medicaid Coordination Office (MMCO) recently released two lists of integrated Medicare Advantage dual eligible special needs plans (D-SNPs) for contract year (CY) 2027 on its webpage with information about integrated D-SNPs:

- The first list, titled "CY 2027 Integrated D-SNPs," is under the "Integrated D-SNPs" heading on that page. This is a list of all the integrated D-SNPs that can use the Integrated Care Special Enrollment Period (SEP) to enroll full-benefit dually eligible individuals at any time. It identifies integrated D-SNPs that will operate in 2027, their states of operation, and their applicable integrated plan (AIP) status.
- The second list, titled "Integration Status for Contract Year 2027 D-SNPs," is located further down the page (after the Model Materials) under the "Integration" heading. The "CY2027 data" tab in this list identifies all D-SNPs that will operate in 2027. For each D-SNP, CMS has provided the D-SNP's integration status, AIP status, state of operation, and whether the D-SNP can use the integrated care SEP to enroll FBDE individuals outside of standard enrollment periods. Additionally, **CMS has added three new columns to this list in 2027,** which indicate the categories of dually eligible individuals who are allowed to enroll in each D-SNP, whether the D-SNP may only enroll dually eligible individuals in certain age groups, and whether other enrollment restrictions apply.

States interested in seeing a full list of Medicare Advantage (MA) and Part D prescription drug plans (PDPs) to be offered in 2027 can also review the full CY 2027 landscape file on the CMS Prescription Drug Coverage webpage.

CMS Releases Guidance on CY 2027 Low-Income Subsidy Reassignments

On September 30, CMS released Health Plan Management System (HPMS) memorandums (memos) to Medicare Advantage (MA) and Part D prescription drug plans regarding the reassignment of certain MA and prescription drug plan enrollees who receive Part D Low-Income Subsidy (LIS) benefits, including dually eligible individuals. The memos provide an overview of the MA reassignment process, beneficiary reassignment criteria, characteristics of reassignment transactions, and the end-of-year timeline for reassignment. Through this process, LIS enrollees will be reassigned to a new MA or Part D plan for 2027 if they:

- Are enrolled in an MA or Part D plan that will not be renewed for 2027;
- Are enrolled in an MA or Part D plan in which the plan's service area will be reduced for 2027 (and the enrollee resides in an area that will no longer be covered by the plan in 2027); or
- Are enrolled in a Part D plan to which they were previously automatically assigned, facilitated enrolled or reassigned by CMS, and that plan will no longer have a Part D premium at or below the LIS benchmark in 2027 (and the PDP is not waiving the de minimis amount).

More information about the LIS program and the LIS reassignment process are available on the CMS LIS webpage.

October 2026 Enrollment in Applicable Integrated Plans and Programs of All-Inclusive Care for the Elderly

ICRC's October report on enrollment in AIPs and Programs of All-Inclusive Care for the Elderly (PACE) over the last 12 months is now available on the ICRC website. Table 1 in this document shows monthly enrollment in AIPs by plan and state; Table 2 shows monthly PACE enrollment by PACE organization and state; Table 3 shows monthly exclusively aligned enrollment by state (including AIP and PACE enrollment); and Table 4 provides national, total monthly enrollment in AIPs and PACE organizations, as well as total exclusively aligned enrollment (including AIP and PACE enrollment) nationwide for each month. Between September and October 2026, total exclusively aligned enrollment grew slightly from 2.05 million in September to 2.06 million in October.

CMS Releases Memorandum on Impact to Medicare Enrollment, Disenrollment, and Cost Sharing Requirements Upon Implementation of section 1903(v)(5) of the Social Security Act (the Act) for Dually Eligible Individual's Loss of Medicaid Coverage

On October 19, CMS released an HPMS memo to remind Medicare Advantage Organizations, Medicare Prescription Drug Plans, PACE Organizations, Medicare providers and suppliers, and other interested parties of the applicable Medicare enrollment, disenrollment, and cost sharing requirements when an individual dually eligible for both Medicare and Medicaid (dually eligible individuals) loses Medicaid coverage, including full Medicaid benefits and Medicaid coverage of Medicare cost sharing/premiums (e.g., through enrollment in a Medicare Savings Program (MSP)). Dually eligible individuals may include noncitizens whose Medicaid coverage may be reduced or terminated under section 1903(v)(5) of the Act (as added by section 71109 of Public Law (P.L.) 119-21, known as the "Working Families Tax Cut" (WFTC) legislation) due to no longer having a satisfactory immigration status or for whom satisfactory immigration status cannot be verified.

For more details, see the October 19 HPMS memo, which will be made available in the HPMS memo weekly archive on the CMS website.

New and Updated ICRC Resources

ICRC recently released two updated technical assistance (TA) tools related to dually eligible individuals and integrated care:

- In September 2026, ICRC published an updated version of its Unified Appeal and Grievance Processes for States with Applicable Integrated Plans (AIPs) tip sheet. The technical assistance tool describes the unified Medicare and Medicaid appeal and grievance processes for dually eligible individuals enrolled in an AIP, including the state's role and options in those processes.
- In September 2026, ICRC published an updated version of its Dually Eligible Individuals: The Basics fact sheet. The revised resource includes updated information on key characteristics of dually eligible individuals, including Medicare plan enrollment, utilization of certain health care services, and the prevalence of selected social risk factors among dually eligible populations. The fact sheet provides current data and insights to help policymakers, health plans, providers, and other stakeholders better understand and support this population.

On October 20, we also released an e-alert for states about the Prospective Dual Eligibility File (PDEF). The e-alert describes this new file, which states can receive from CMS to support default enrollment into D-SNPs.

Key Recent and Upcoming Dates in Medicare Advantage

The following are key recent and upcoming dates from ICRC's Key Medicare Advantage (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:

- **October 1, 2026:** MA and Prescription Drug Plan (PDP) marketing begins for contract year (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 enrollees of non-renewing PDPs, MA plans, MA-PD plans, and cost-based plans must receive final, personalized beneficiary non-renewal notification letters.
- **Early-Mid October 2026:** Plans submit 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 4 – 23, 2026:** Plan Rollover (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 to current enrollees or a notice informing enrollees how to access the following documents electronically: Evidence of Coverage (EOC/Member Handbook); abridged or comprehensive formularies; and provider and pharmacy directories.
- **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.
- **Late October 2026:** Once the aforementioned POVER window closes, CMS will process the 2027 LIS reassignments mentioned earlier in this newsletter and notify beneficiaries and plans of those reassignments.
- **November 11, 2026:** CY 2028 deadline for notices of intent to apply (NOIAs) to ensure that MA organizations applying for new contracts or service area expansions will have timely access to HPMS.
- **December 7, 2026:** End of the Annual Election Period.
- **January 1, 2027:** MA and Part D plan contract year starts; enrollment effective date for plan enrollments processed during the Annual Election Period.
- **January 1 – March 31, 2027**: Annual MA Open Enrollment Period, during which an individual who is already enrolled in an MA plan – including D-SNPs – can switch to a different MA plan or disenroll from that MA plan to go back to Original Medicare with a Part D plan.
- **Early January 2027:** CMS releases MA application for CY 2028 on the CMS website for new plan applications and organizations submitting service area expansions.
- **January 16, 2027:** Final day for MA organizations to submit NOIAs to CMS for CY 2028.

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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