



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: August 11, 2026

TO: Applicable Integrated Plan (AIP) Dual-Eligible Special Needs Plans (D-SNPs) in States and Territories Using Integrated D-SNP models

FROM: Nishamarie S. Mills
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SUBJECT: Revisions to Contract Year 2027 Models for AIP D-SNPs

The purpose of this memorandum is to provide updates to the Contract Year (CY) 2027 Member Handbook (Evidence of Coverage), Member ID Card, and Provider and Pharmacy Directory for applicable integrated plan (AIP) dual eligible special needs plans (D-SNPs) in states and territories using integrated models. This includes AIP D-SNPs in Arizona, California, the District of Columbia, Delaware, Florida, Hawaii, Idaho, Illinois, Indiana, Massachusetts, Michigan, Minnesota, New Jersey, New Mexico, New York, Ohio, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Virginia and Wisconsin. These changes are based on updates to the CY 2027 Medicare Advantage models that were released as described in the Health Plan Management System (HPMS) memorandum, “Model Notice Corrections” on August 10, 2026, as well as additional AIP-specific updates.

Please note that D-SNPs should only make these updates if CMS released integrated versions of the models for the state the AIP D-SNP is located in. MMCO will not issue revised CY 2027 model materials for changes included in this memorandum. We instruct AIP D-SNPs in the applicable states and territories to update their CY 2027 model materials based on the information provided in this memorandum.

Hard copy materials must include this information before they are mailed to enrollees whenever possible, if applicable. If updates to the hard copy materials are not practicable – for example, if they have already been printed – the model errata may be used to communicate the updated and accurate information until current stock of outdated materials is depleted.

We will post this memorandum to MMCO’s D-SNPs: Integration & Unified Appeals & Grievance Requirements webpage at <https://www.cms.gov/medicaid-chip/medicare-coordination/qualified-beneficiary-program/d-snps-integration-unified-appeals-grievance-requirements>.

If you have any questions about the contents of this memorandum, please contact the Medicare-Medicaid Coordination Office at MMCO_DSNPOperations@cms.hhs.gov.

CY 2027 Model Updates

Member ID Card- Optional Update

- D-SNPs may choose to replace the RxBIN number with the Rx Prescription Issuer Identification Number (RxIIN) number. The RxIIN number is optional for CY 2027 but will be required for CY 2028.

Provider and Pharmacy Directory

Medicare Plan Finder (MPF) requirements

Plans must make their provider directory available to CMS for publication on MPF in accordance with the requirements at § 422.111(m) and CMS guidance.¹ Specifically, plans must:

1. Make the information described in § 422.111(b)(3)(i) available to CMS for publication online in accordance with CMS guidance;
2. Submit, or otherwise make available, the information described in § 422.111(b)(3)(i) to CMS in a format and manner and at times determined by CMS;
3. Update the information subject to § 422.111(m) within 30 days of the date the plan becomes aware of a change; and
4. Attest, at least annually, in a format and manner and at times determined by CMS, that all information submitted or otherwise made available to CMS under paragraph (m) is accurate.

Annual Notice of Change and Member Handbook/Evidence of Coverage

PRA Disclosure Statement

- Plans must add the following PRA disclosure statement on the last page of the Annual Notice of Change and Member Handbook/Evidence of Coverage:

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1444. If you have comments or suggestions for improving this form, write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

Member Handbook/Evidence of Coverage

¹ § 422.111(m); 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 Final Rule ([90 FR 45140](#) [Sept. 19, 2025]); HPMS memo: “Draft Technical Implementation Guide for Supplying Medicare Advantage (MA) Provider Directory Data for Use in Medicare Plan Finder (MPF)” (November 7, 2025, and December 11, 2025).

Chapter 4- Benefits Chart

- Breast cancer screening- delete the last bullet stating, “diagnostic mammograms are provided more frequently than once a year, if medically necessary.” This isn’t a preventative service under Medicare.
- Chronic pain management and treatment services- delete this row.
- Hospice care- after the third bullet add the following non-bulleted sentence on a new line, “When you’re admitted to a hospice, you have the right to stay in our plan.”
- Physician/provider services including doctor’s office visits- update the second through fourth bullets to indent them as hollow sub-bullets under the solid bullet “medically necessary health care or surgery services given in places such as:” and add the last hollow bullet “any other location” as follows:
 - medically necessary health care or surgery services given in places such as:
 - physician’s office
 - certified ambulatory surgical center
 - hospital outpatient department
 - any other location