



UnitedHealthcare 2026 Plan Year

# Hawaii | D-SNP Enrollment At A Glance

Scan the QR code or follow the Jarvis path below to access the UHC D-SNP landing page and learn more about UHC D-SNPs

Jarvis > Knowledge Center > Medicare Product Resources > Dual Special Needs Plans



Information Valid for Plan Year 2026 Only

## Overview

This guide will help you understand which consumers may be eligible to enroll in a UnitedHealthcare D-SNP plan and determine which plans can be offered during the Integrated Care Special Enrollment Period (SEP)

## Dual Eligibles

**53K**

Dual Eligibles

**47K**

Full Dual Eligibles (89%)

**700**

QMB Eligibles (1%)

**5K**

Partial Dual Eligibles (10%)

UHC D-SNP service area only; estimates based on June 2024 CMS.gov data

## Summary of D-SNP Enrollment Eligibility

**Only UHC Medicaid members can enroll in a UHC D-SNP plan during AEP and MA-OEP.**

1. To enroll a consumer into UHC Dual Complete HI-Y1 during AEP or MA-OEP, the consumer must be enrolled in the UHC Medicaid plan.

**Only UHC Medicaid members can enroll in a UHC plan using the Integrated Care SEP (see below)**

1. If your client has a UHC Medicaid plan and is Full Dual eligible (FBDE, QMB+, SLMB+), your client may be eligible for the monthly Integrated Care SEP and may enroll in the UHC Dual Complete HI-Y1 plan. Full Dual eligible consumers with other Medicaid carriers will not be eligible to enroll in the UHC Dual Complete HI-Y1 plan using the Integrated Care SEP unless they switch to the UHC Medicaid plan. Consumers are subject to Medicaid open enrollment period rules to switch to the UHC Medicaid plan (see below).
2. Special circumstance SEPs still apply to all D-SNP consumers; client must be a UHC Medicaid member. Refer to the D-SNP Landing Page for more information (QR code or Jarvis file path above).

## Summary of UnitedHealthcare Medicaid Information

**To enroll in the UHC D-SNP plan using the Integrated Care SEP, clients must first enroll in the UHC Medicaid plan.**

**Medicaid Enrollment Process:** Agents may not assist clients in signing up for a Medicaid Managed Care plan. Simply direct the client to the Medicaid enrollment number below, M-F 7:45am-4:30pm local time

- HI Medicaid Phone Number: 1-800-316-8005

**Medicaid Plan Name:** UnitedHealthcare Community Plan

**Medicaid Enrollment Period:** QUEST beneficiaries will have a monthly opportunity to change their QUEST assigned carrier. QUEST carrier changes occur on the 1st of the second month from the date the request is made (e.g., beneficiaries who change their QUEST carrier in August will have an effective date of October 1st).

**Unique Market Considerations:**

- Medicaid becomes effective the 1st of the second month after enrolling (e.g., a client who enrolls into Medicaid in October will become effective on the 1st of December).
- QUEST beneficiaries must be enrolled with QUEST for 12 consecutive months before they are eligible to request a change. QUEST beneficiaries are only allowed to change their QUEST carrier once every 12 months on rolling calendar basis.
- The UHC Medicare and Medicaid Verification (MMV) tool does not work to verify consumer D-SNP eligibility in Hawaii. Please contact the Producer Help Desk (PHD) at 1-888-381-8581, to verify your client's D-SNP eligibility.

## 2026 Footprint

Full footprint of plans eligible to sell using the Integrated Care SEP (to UHC Medicaid Members Only)



Counties with Integrated Care SEP available

## Plan Information (Click plan name for details)

Plan Name	Plan Eligibility and Overview	Is Integrated Care SEP Available?
<u>UHC Dual Complete HI-Y1 (PPO D-SNP)</u> <b>H6824-002-000</b>	<b>Eligible Membership:</b> Full Dual Only ( <u>FBDE</u> , <u>QMB+</u> , <u>SLMB+</u> ) <b>Consumer must have UHC Medicaid</b> <b>Plan Focus:</b> You must have the UHC Community Plan HI (Medicaid) to enroll. After joining, you'll receive a combined Medicare and Medicaid experience. \$132.50 credit every month for OTC, plus healthy food and utilities for qualifying members.	<b>Yes</b> , Full Dual consumers must be enrolled in the UHC Medicaid plan to enroll in this plan during AEP, OEP, or Integrated Care SEP

The healthy food and utilities benefit is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol, and who also meet all applicable plan coverage criteria. There may be other qualified chronic conditions not listed.

Underlined are the dual eligibles most suited for the plan.