



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

108K

Dual Eligibles

56K

Full Dual Eligibles (52%)

35K

QMB Eligibles (33%)

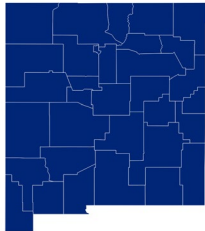
17K

Partial Dual Eligibles (15%)

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

2026 Footprint

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



Counties with no UHC D-SNP Plan
Counties with Integrated Care SEP available

Summary of D-SNP Enrollment Eligibility

Any dual-eligible consumer can enroll in a UHC D-SNP plan during AEP and MA-OEP

1. There are no changes to enrolling consumers into *UHC Dual Complete NM-S1* or *UHC Dual Complete NM-V1* during AEP and MA-OEP. To enroll a consumer into *UHC Dual Complete NM-Y1* during AEP or MA-OEP, the consumer must first be enrolled in the UHC Medicaid plan. Use the Jarvis Medicare and Medicaid Verification (MMV) tool linked on the D-SNP landing page to verify plan eligibility (see QR code above or navigate to Jarvis > Sales Tools > Medicare & Medicaid Eligibility Lookup).

Only certain dual-eligible consumers can enroll in a UHC plan using the Integrated Care SEP (see below)

1. If your client has the UHC Medicaid plan and is Full Dual eligible (FBDE), your client may be eligible for the monthly Integrated Care SEP and may enroll in either UHC Dual Complete NM-Y1 (PPO D-SNP) or UHC Dual Complete NM-S1 (PPO D-SNP). The plan best suited for UHC Medicaid members is the UHC Dual Complete NM-Y1 (PPO D-SNP). Use the MMV tool linked in the QR code above to validate your client's eligibility before you submit the application.
 - a. Full Dual eligible consumers with other Medicaid carriers will not be eligible to switch to a UHC D-SNP 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. Non-Full Duals (example: QMB, SLMB, and QI) are subject to the same SEP rules as MA.
3. Special circumstance SEPs still apply to all D-SNP consumers; client must be Medicaid eligible. 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 a 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 7am-6:30pm local time.

- NM Health Care Authority: Call 1-888-997-2583

Medicaid Plan Name: UnitedHealthcare Community Plan

Medicaid Enrollment Period: 60 days prior to Medicaid renewal month

Unique Medicaid Considerations:

- Medicaid Members can only switch their MCO 60 days prior to their Medicaid renewal month.

Plan Information (Click plan name for details)

Plan Name	Plan Eligibility and Overview	Is Integrated Care SEP Available?
UHC Dual Complete NM-S1 (PPO D-SNP) H0294-050-000	Eligible Membership: Full Dual with other MCOs Medicaid or QMB (<u>FBDE</u> , <u>QMB+</u> , <u>SLMB+</u> , <u>QMB</u>) Plan Focus: Must have Medicaid with another carrier, or be a Qualified Medicare Beneficiary (QMB) with all your Medicare-covered services provided at \$0. \$117 credit every month for OTC, plus healthy food and utilities for qualifying members.	Yes , consumers must be enrolled in the UHC Medicaid plan to enroll in this plan using the Integrated Care SEP Limited - Outside of AEP and MA-OEP, consumers are limited to special circumstance SEPs to enroll in this plan if NOT on the UHC Medicaid plan
UHC Dual Complete NM-Y1 (PPO D-SNP) H0294-049-000	Eligible Membership: Full Dual Only with <u>UHC Turquoise Care</u> (<u>FBDE</u> , <u>QMB+</u> , <u>SLMB+</u>) Plan Focus: You must have UHC Medicaid to enroll in this plan. After joining, you'll receive a combined Medicare and Medicaid experience. \$142 credit every month for OTC, plus healthy food and utilities for qualifying members.	Yes , consumers must be enrolled in the UHC Medicaid plan to enroll in this plan using the Integrated Care SEP
UHC Dual Complete NM-V1 (PPO D-SNP) H0294-051-000	Eligible Membership: All Dual* (<u>FBDE</u> , <u>QMB+</u> , <u>SLMB+</u> , <u>QMB</u> , <u>SLMB</u> , <u>QI</u>) Plan Focus: Designed for those who don't have full Medicaid benefits but get help paying their Medicare Part B premium and pay some of their own Medicare-covered costs. \$55 credit every month for OTC, plus healthy food and utilities for qualifying members.	Limited - Outside of AEP and MA-OEP, consumers are limited to special circumstance SEPs to enroll in this plan

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.

Benefits, features and/or devices may vary by plan/area. Limitations and exclusions apply. OTC, food and utilities benefits have expiration timeframes. Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit or delete any portion without express permission of UnitedHealth Group. 10.1.2025

**All Dual* means any level of Dual Eligible member may sign up for the plan:
Full Dual = FBDE, QMB+, SLMB+ | QMB = QMB | Partial Dual = SLMB, QI

Underlined are the dual eligibles most suited for each plan.