UnitedHealthcare 2027 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 2027 Only

Overview

This guide will help you understand key changes for D-SNP enrollment eligibility beginning January 2027, as well as which consumers may be eligible to enroll in a UnitedHealthcare D-SNP and how to enroll.

Dual Eligibles

52K
Dual Eligibles

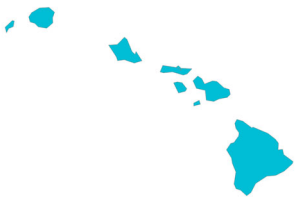
43K
Full Dual Eligibles (63%)

837
QMB Eligibles (1%)

8K
Partial Dual Eligibles (16%)

UHC D-SNP Service Area Only; estimates based on June 2026 CMS.gov data

2027 Footprint



Medicaid-First Counties

Summary of New 2027 Enrollment Requirements

New 2027 Alignment Requirements Apply in Hawaii

- In 2027, there are new exclusively aligned enrollment CMS requirements for Full Dual eligibles (FBDE, QMB+, SLMB+) where UHC offers managed Medicaid. New requirements for Full Dual eligibles are:
  a. One Full Dual Plan Option per Service Area. Full dual members will have only one UHC plan available per service area. If a consumer has LTSS, they are eligible to join UHC Dual Complete HI-YL; if a consumer is full dual, but does not have LTSS, then they are eligible to join UHC Dual Complete HI-Y1.
  b. New Full Dual Enrollment Must First Enroll in UHC Medicaid. New full dual enrollees must enroll in UHC's Managed Medicaid plan before they can enroll in a UHC D-SNP (detail on how to enroll below).

Contact the Producer Help Desk (PHD) to Verify Plan Eligibility

- 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, option 2, to verify your client's D-SNP eligibility.

Summary of UnitedHealthcare Medicaid Information

To enroll in a UHC D-SNP, clients must first enroll in UHC's Managed 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 following resources where they can apply:

- HI Medicaid Phone Number: 1-800-316-8005, TTY 1-855-889-4325 or 711, toll-free
- Online: https://medquest.hawaii.gov/en.html and https://medical.mybenefits.hawaii.gov
- In-Person: Find the Med-QUEST Division Eligibility Office nearest you.
- Mail: If you're eligible for assistance from the Hawaii Department of Human Services Med-QUEST Division, you'll get a packet in the mail asking you to choose your health plan. Follow the directions and make sure you choose UnitedHealthcare Community Plan within the time frame stated to let them know your choice.

Medicaid Plan Name: UnitedHealthcare Community Plan

Medicaid Carrier Switch Period: Open Enrollment is no longer limited to October. Med-QUEST members may request a health-plan change at any time after 12 months in the QUEST plan they are leaving. If Med-QUEST assigns a plan, the member can choose a different plan within 15 days of the enrollment choice notice. Requested plan changes generally take effect on the first day of the second month after the request.

2026 One-Time Medicaid Alignment: Med-QUEST will be conducting a one-time Medicaid switch for D-SNP members, aligning most members with their D-SNP. Med-QUEST will process changes at the end of September 2026 for a January 1,2027 enrollment change. During Q4 2026, members may not be allowed to make open enrollment changes.

Plan Information

Plan Name	Enrollment Eligibility Requirements	SEP Options
UHC Dual Complete HI-YL (Local PPO) **H6824-003-000**	• **Eligible Membership:** Full Dual Only (FBDE, QMB+, SLMB+) **with LTSS** • **Consumer must have UHC Medicaid** • **Plan Focus:** Must have full Medicaid benefits and LTSS. Joining this plan provides a combined Medicare and Medicaid experience	**Integrated Care SEP:** Full dual consumers are eligible to join this plan outside of AEP and OEP using the Integrated Care SEP, in addition to special circumstance SEPs. Consumer must have UHC Medicaid to enroll.
UHC Dual Complete HI-Y1 (Local PPO) **H6824-002-000**	• **Eligible Membership:** Full Dual Only (FBDE, QMB+, SLMB+) • **Consumer must have UHC Medicaid** • **Plan Focus:** Must have full Medicaid benefits. Joining this plan provides a combined Medicare and Medicaid experience	**Integrated Care SEP:** Full dual consumers are eligible to join this plan outside of AEP and OEP using the Integrated Care SEP, in addition to special circumstance SEPs. Consumer must have UHC Medicaid to enroll.