New Mexico | 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

107K
Dual Eligibles

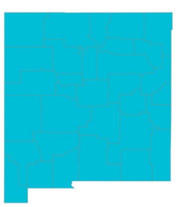
54K
Full Dual Eligibles (50%)

37K
QMB Eligibles (34%)

17K
Partial Dual Eligibles (16%)

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

2027 Footprint



Medicaid-First Counties; New Enrollment Restrictions Apply

Counties with No UHC D-SNP

Summary of 2027 Enrollment Requirements

New 2027 Alignment Requirements Apply in New Mexico

- 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.
  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 is included below).

Use the Jarvis Medicare and Medicaid Verification Tool (MMV) to Verify Plan Eligibility Before You Submit the Application; Navigate to Jarvis > Sales Tools > Medicare & Medicaid Eligibility Lookup.

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 Turquoise Care Medicaid Managed Care plan. Simply direct the client to the Medicaid resources below:

- Website: https://www.hca.nm.gov/
- Phone: 1-800-283-4465

Medicaid Plan Name: UnitedHealthcare Community Plan

Medicaid Open Enrollment / Switch Period: Medicaid Open Enrollment period is member-specific and members have one month to switch to another plan. Members are notified two months before the lock-in period expires. Members have one option to change MCOs during the first three months of initial or annually selected enrollment; after the 12-month lock-in, they may select a new MCO.

- New as of June 2026: HCA is allowing members to switch outside of their "anniversary" period to facilitate D-SNP alignment.

Plan Information

Plan Name	Enrollment Eligibility Requirements	SEP Options
UHC Dual Complete NM-S2 (Local PPO) **H0294-052-001** **Limited Footprint**	• **Eligible Membership:** Full Dual Only (FBDE, QMB+, SLMB+) • **Must Have UHC Turquoise Care** • **Plan Focus:** Must have full Medicaid benefits and UHC Turquoise Care starting Jan. 1, 2027, to enroll in this plan.	**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. Consumers must have UHC Turquoise Care to enroll..
UHC Dual Complete NM-S2 (Local PPO) **H0294-052-002** **Limited Footprint**	• **Eligible Membership:** Full Dual Only (FBDE, QMB+, SLMB+) • **Must Have UHC Turquoise Care** • **Plan Focus:** Must have full Medicaid benefits and UHC Turquoise Care starting Jan. 1, 2027, to enroll in this plan.	**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. Consumers must have UHC Turquoise Care to enroll.
UHC Dual Complete NM-Q1 (Local PPO) **H0294-050-000** **Statewide**	• **Eligible Membership:** QMB Only (QMB) • **Plan Focus:** Must be a Qualified Medicare Beneficiary with $0 Medicare-covered services but not full Medicaid.	**Limited SEPs:** Outside of AEP and OEP, consumers are limited to Medicaid-related and standard Medicare SEPs.
UHC Dual Advantage NM-V1 (Local PPO) **H0294-051-000** **Statewide**	• **Eligible Membership:** QMB or Partial (QMB, SLMB, QI) • **Plan Focus:** Designed for partial Medicaid recipients who get help with their Medicare Part B premium and pay some of their own Medicare-covered costs.	**Limited SEPs:** Outside of AEP and OEP, consumers are limited to Medicaid-related and standard Medicare SEPs.

Underlined are the dual eligibles most suited for each plan.