UnitedHealthcare 2027 Plan Year

Tennessee | 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

243K
Dual Eligibles

154K
Full Dual Eligibles (63%)

44K
QMB Eligibles (18%)

45K
Partial Dual Eligibles (18%)

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

2027 Footprint

Medicaid-First Counties; New Enrollment Restrictions Apply

Summary of 2027 Enrollment Requirements

New 2027 Alignment Requirements Apply in Tennessee

- 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). Existing members can remain in their current Medicaid plan.

Use the Jarvis Medicare and Medicaid Verification Tool (MMV) to Verify Plan Eligibility Before You Submit the Application.

- See QR code above or navigate to Jarvis > Sales Tools > Medicare & Medicaid Eligibility Lookup.

Summary of UnitedHealthcare Medicaid Information

To enroll in UHC Dual Complete TN-YL or UHC Dual Complete TN-Y2, 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 Medicaid enrollment resources below.

- TennCare Connect: 1-855-259-0701; Individuals with hearing or speech problems, or who need additional help can call the Tennessee Relay Service (TNRS) at 1-800-848-0298 and ask them to connect them to TennCare Connect.
- Self-Service Portal: https://tenncareconnect.tn.gov/

Medicaid Plan Name: UnitedHealthcare Community Plan

Medicaid Enrollment / Switch Period: Medicaid Open Enrollment is based on region in Tennessee (West: March, Middle: May and East: July). New consumers have 90 days after Medicaid enrollment to switch or annually during their Open Enrollment period, or with just cause. Only one MCO change is permitted every 12 months unless TennCare approves a hardship reassignment.

Plan Information

Plan Name	Enrollment Eligibility Requirements	SEP Options
UHC Dual Complete TN-YL (HMO-POS) **H0251-004-000** *Statewide*	• **Eligible Membership:** Full Dual Only (FBDE, QMB+, SLMB+) **w/ LTSS** • **Must have UHC Medicaid** • **Plan Focus:** Must have full Medicaid benefits and TennCare Long-Term Services & Supports LTSS (CHOICES) with UHC. 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. Consumers must have UHC LTSS plan.
UHC Dual Complete TN-Y2 (HMO-POS) **H0251-009-001** *West* Segmented from H0251-008-000 (UHC Dual Complete TN-Y1)	• **Eligible Membership:** Full Dual Only w/o LTSS (FBDE, QMB+, SLMB+) • **Must have UHC Medicaid** • **Plan Focus:** Must have full Medicaid benefits and UHC Medicaid. 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. Consumers must have UHC Medicaid to enroll.
UHC Dual Complete TN-Y2 (HMO-POS) **H0251-009-002** *Middle* Segmented from H0251-008-000 (UHC Dual Complete TN-Y1)	• **Eligible Membership:** Full Dual Only w/o LTSS (FBDE, QMB+, SLMB+) • **Must have UHC Medicaid** • **Plan Focus:** Must have full Medicaid benefits and UHC Medicaid. 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. Consumers must have UHC Medicaid to enroll.
UHC Dual Complete TN-Y2 (HMO-POS) **H0251-009-003** *East* Segmented from H0251-008-000 (UHC Dual Complete TN-Y1)	• **Eligible Membership:** Full Dual Only w/o LTSS (FBDE, QMB+, SLMB+) • **Must have UHC Medicaid** • **Plan Focus:** Must have full Medicaid benefits and UHC Medicaid. 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. Consumers must have UHC Medicaid to enroll.

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Plan Name	Enrollment Eligibility Requirements	SEP Options
UHC Dual Complete TN-Q1 (HMO-POS) **H0251-010-001** *West* Segmented from H0251-002-000 (UHC Dual Complete TN-S1)	• **Eligible Membership:** QMB Only (QMB); Including limited 1915c waiver full dual members • **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 special circumstance SEPs.
UHC Dual Complete TN-Q1 (HMO-POS) **H0251-010-002** *Middle* Segmented from H0251-002-000 (UHC Dual Complete TN-S1)	• **Eligible Membership:** QMB Only (QMB); Including limited 1915c waiver full dual members • **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 special circumstance SEPs.
UHC Dual Complete TN-Q1 (HMO-POS) **H0251-010-003** *East* Segmented from H0251-002-000 (UHC Dual Complete TN-S1)	• **Eligible Membership:** QMB Only (QMB); Including limited 1915c waiver full dual members • **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 special circumstance SEPs.