



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.

Dual Eligibles

84K

Dual Eligibles

45K

Full Dual Eligibles (54%)

22K

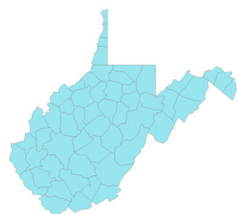
QMB Eligibles (26%)

17K

Partial Dual Eligibles (20%)

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

2027 Footprint



Counties with UHC D-SNP

Counties with No UHC D-SNP

Summary of 2027 Enrollment Requirements

New 2027 CMS Alignment Requirements Do Not Apply in West Virginia

- In 2027, there are new exclusively aligned enrollment CMS requirements for Full Dual eligibles (FBDE, QMB+, SLMB+) where UHC offers managed Medicaid. UHC does not have managed Medicaid in West Virginia, so the new requirements do not apply.

Any Dual-Eligible Consumer Can Enroll in a UHC D-SNP During AEP and MA-OEP

- There are no changes to enrolling in UHC D-SNPs during AEP and MA-OEP. Use the Jarvis Medicare and Medicaid Verification (MMV) tool to verify plan eligibility (see QR code above or navigate to Jarvis > Sales Tools > Medicare & Medicaid Eligibility Lookup).
- Note: Partial consumers will not be found using MMV. If the consumer is partial, UHC enrollment can verify using WVMMIS or a copy of the Medicaid award letter can be submitted via secure email to MandRenrollment@uhc.com to process the application.

Dual-Eligible Consumers Are Limited To Special Circumstances SEPs

- Special circumstance SEPs still apply to all D-SNP consumers; client must be Medicaid eligible.
- Special circumstance SEPs include (but are not limited to) your client:
 - Being eligible for Medicare prior to turning 65 and is now turning 65 (IEP2).
 - Losing coverage from an employer.
 - Moving outside of the service area for the current plan or into the service area of a new plan.
 - Moving into a long-term care facility, such as a nursing home.
 - Moving out of a long-term care facility, such as a nursing home.
 - Recently had a change in or is no longer eligible for Extra Help paying for Medicare prescription drug coverage or Medicaid.
 - Was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)).
 - Enrolled in a plan by Medicare (or the state) and wants to choose a different plan within 3 months.
 - Delayed enrollment into Medicare Part B and now has Part B (ICEP-Delayed Part B).
 - Recently enrolled in a Medicare Advantage plan for the first time and wants to make a change during the first 3 months of enrollment.

Plan Information

Plan Name	Enrollment Eligibility Requirements	SEP Options
<u>UHC Dual Complete WV-S2</u> (Local PPO) H2001-082-000	Eligible Membership: Full Dual Only (FBDE, <u>QMB+</u>, <u>SLMB+</u>) Plan Focus: Must have full Medicaid benefits.	Limited SEPs: Outside of AEP and OEP, consumers are limited to special circumstance SEPs.
<u>UHC Dual Complete WV-Q1</u> (Local PPO) H2001-030-000	Eligible Membership: All Dual* (FBDE, QMB+, SLMB+, <u>QMB</u>, SLMB, QI) Plan Focus: Designed for Qualified Medicare Beneficiaries (QMBs) with \$0 Medicare-covered services but not full Medicaid.	Limited SEPs: Outside of AEP and OEP, consumers are limited to special circumstance SEPs.
<u>UHC Dual Advantage WV-V1</u> (Local PPO) H2001-061-000	Eligible Membership: All Dual* (FBDE, QMB+, SLMB+, QMB, <u>SLMB</u>, <u>QI</u>) 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 special circumstance SEPs.

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.