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Notice of Program Guidance
FINAL - DACA 2027 Program

Issued October 31, 2026

Background

This Notice of Program Guidance (Guidance) is issued pursuant to NMSA 1978, Section 59A-23F-11, which established the Health Care Affordability Fund (HCAF) in 2021 to "reduce health care premiums and cost sharing for New Mexico residents who purchase health care coverage on the New Mexico health insurance exchange" and to "provide resources for planning, design and implementation of health care coverage initiatives for uninsured New Mexico residents."

This Notice of Program Guidance sets forth parameters for the 2027 DACA Coverage Program (the Program).[1] The Program is designed to provide HCAF-subsidized health insurance for individuals in Plan Year 2027 (PY27) who are Deferred Action for Childhood Arrivals (DACA) recipients and no longer have access to BeWell, New Mexico's Health Insurance Marketplace (the Marketplace, the Exchange), coverage or the federal Premium Tax Credit (PTC) due to the federal Marketplace Integrity and Affordability (MIA) Rule (the Rule). In response to this Rule, the Health Care Authority (HCA, the Agency) is collaborating with its issuer partners to ensure eligible DACA recipients residing in New Mexico can access affordable health insurance comparable to coverage found on the Marketplace. This guidance governs the Program parameters for participating issuers and eligibility requirements for Program participants. It does not replace

[1] This program is separate from the DACA Coverage Bridge Program that was in effect October through December of 2025.

or supersede any regulations or Bulletins issued by the Office of Superintendent of Insurance (OSI), which has full regulatory authority over the individual market.

Summary of Changes

The Program launched on January 1, 2026, and will be adjusted each year based on federal and state policy changes, as well as annual legislative funding.

This Guidance describes the requirements for the Program in PY27, administrative policies and procedures, and rate filing requirements. Below is a summary of program changes for PY27, including updates in the following categories:

- Eligibility
  - Proof of citizenship status
- Enrollment
  - Autorenewal
- Grace Periods
  - Payment Timeframes
- Reinstatement
- Reconciliation
- Reporting
- Special Enrollment Periods

DACA Coverage Program 2027 Program Parameters

HCA will offer qualifying DACA recipients premium assistance for PY27 to be applied to off-Marketplace "Clear Cost Gold" plans available from participating issuers in each rating area. The assistance provided to members will be similar to current subsidy levels available on the Marketplace, enabling DACA recipients to access affordable health insurance coverage. The HCA is establishing a premium cost sliding scale with fixed, predictable premium amounts for consumers.

Effective Dates

Apply and enroll November 1 through December 31, 2026, for January 1, 2027, coverage. Apply and enroll January 1, 2027, through January 15, 2027, for February 1, 2027, coverage.

Premium Assistance

Premium assistance amounts are calculated by subtracting the applicable income-based member premium cost from the gross premium of the plan that the member selected (see **Tables 1-5** below).[2] The "Clear Cost Gold" plans of participating issuers are ranked from least expensive to most expensive, one through four, in each rating area based on approved PY27 rates.

[2] New Mexico Rating Areas: https://www.cms.gov/cciio/programs-and-initiatives/health-insurance-market-reforms/nm-gra. Gross premiums still include factors such as the consumer's age and rating area, as is standard.

Table 1. DACA Coverage Program Member Premium Cost - Rating Area 1

Clear Cost Gold Plans (4 Issuers) R1	Issuer	Under 200% FPL - Monthly Premium	200-250% FPL – Monthly Premium	250-300% FPL - Monthly Premium	300-350% FPL - Monthly Premium	350-400% FPL - Monthly Premium
Lowest	Molina	$0	$20	$120	$240	$360
Second	BCBS	$15	$50	$150	$270	$390
Third	UHC	$50	$100	$200	$300	$450
Fourth	Presbyterian	$100	$150	$300	$400	$550

Table 2. DACA Coverage Program Member Premium Cost - Rating Area 2

Clear Cost Gold Plans (4 Issuers) R2	Issuer	Under 200% FPL - Monthly Premium	200-250% FPL - Monthly Premium	250-300% FPL - Monthly Premium	300-350% FPL - Monthly Premium	350-400% FPL - Monthly Premium
Lowest	Molina	$0	$20	$120	$240	$360
Second	BCBS	$15	$50	$150	$270	$390
Third	UHC	$50	$100	$200	$300	$450
Fourth	Presbyterian	$100	$150	$300	$400	$550

Table 3. DACA Coverage Program Member Premium Cost - Rating Area 3

Clear Cost Gold Plans (4 Issuers) R3	Issuer	Under FPL - Monthly 200% Premium	200-250% FPL - Monthly Premium	250-300% FPL - Monthly Premium	300-350% FPL - Monthly Premium	350-400% FPL - Monthly Premium
Lowest	Molina	$0	$20	$120	$240	$360
Second	UHC	$15	$50	$150	$270	$390
Third	BCBS	$50	$100	$200	$300	$450
Fourth	Presbyterian	$100	$150	$300	$400	$550

Table 4. DACA Coverage Program Member Premium Cost - Rating Area 4

Clear Cost Gold Plans (4 Issuers) R4	Issuer	Under 200% FPL - Monthly Premium	200-250% FPL - Monthly Premium	250-300% FPL - Monthly Premium	300-350% FPL - Monthly Premium	350-400% FPL - Monthly Premium
Lowest	Molina	$0	$20	$120	$240	$360
Second	BCBS	$15	$50	$150	$270	$390
Third	Presbyterian	$50	$100	$200	$300	$450
Fourth	UHC	$100	$150	$300	$400	$550

Table 5. DACA Coverage Program Member Premium Cost - Rating Area 5

Clear Cost Gold Plans (4 Issuers) R5	Issuer	Under FPL - Monthly 200% Premium	200-250% FPL - Monthly Premium	250-300% FPL - Monthly Premium	300-350% FPL - Monthly Premium	350-400% FPL - Monthly Premium
Lowest	Molina	$0	$20	$120	$240	$360
Second	BCBS	$15	$50	$150	$270	$390
Third	UHC	$50	$100	$200	$300	$450
Fourth	Presbyterian	$100	$150	$300	$400	$550

Note: Members will not need to reconcile the Program's subsidy payments at tax time as they do with advance payments of the PTC received through the Marketplace.

Eligibility

To qualify for the Program, an individual must:

- Be a resident of New Mexico;
- Be a current DACA recipient or have a pending application on file with U.S. Citizenship and Immigration Services (USCIS), and provide proof of submission;
- Not be incarcerated;
- Have a household income at or below 400% of the Federal Poverty Level (FPL);
- Not have access to other Minimum Essential Coverage (MEC), such as employer-sponsored insurance or TRICARE; and
- Not be eligible for other third-party payor programs.

HCA's vendor, EASI Gov, will provide an online application for Program eligibility, eligibility verification, and consumer support, with guidance provided by the HCA. Changes must also be reported through EASI Gov.

Enrollment

DACA recipients can enroll in the Program during the annual Open Enrollment Period (OEP) for individual market health insurance, which starts on November 1, 2026, and ends January 15, 2027. Outside the annual OEP, individuals who have experienced a qualifying life event may be eligible to use a Special Enrollment Period (SEP) to enroll in coverage, such as after losing prior health coverage or moving to New Mexico.

The HCA vendor will assist applicants with the enrollment process during both the OEP and SEPs. Consumers will need to provide proof of their qualifying life event to EASI Gov.

Eligibility, enrollment, gross premium amount, and subsidy amount information will be provided to issuers simultaneously, at the agreed-upon cadence and in the agreed upon format.

Enrollment will be capped at **300 individuals** across all issuers during PY27 unless this guidance is amended to create additional enrollment slots.

The member's premium will be based on their age at plan effectuation, as in the Marketplace and the individual market.

Automatic Renewal

The vendor will automatically renew the member's coverage at the end of the plan year using the DACA Coverage application currently on file.

If there have been any changes to the following, the member must contact EASI Gov:

- DACA status
- Income
- Residence
- Household

Note: The member should contact EASI Gov. If the issuer is contacted with a change instead, the member's issuer shall contact EASI Gov detailing the change.

Consumer Grace Periods

Premium payments are generally due around the beginning of the coverage month. For example, the premium for May might be due on May 1 or April 30. The exact premium due date may vary from issuer to issuer. The issuer will send an invoice each month to the member indicating the amount of the premium that is owed and when it is due.

Note: Consumers will have a 31-day grace period to make payment before termination of the policy for non-payment after making their first (or "binder") payment.

Reinstatement of DACA Coverage Program Benefits

Program participants who fail to pay their monthly premiums after their binder payment have a 31-day grace period to make their payment. Passing this window without payment will cause their coverage to be terminated back to the beginning of the month of non-payment. Program participants should receive notification from their issuer that their account has not been paid.

The member's issuer shall contact EASI Gov via SFTP (or other agreed-upon communication method between vendor and issuer for transmission of member information) detailing that the member has passed their grace period.

EASI Gov will issue confirmation to the member and issuer confirming the reason and date for benefits termination. Participants can re-enroll during the OEP or during an SEP, as outlined in the Guidance.

Participants can request a reinstatement review in exceptional circumstances from EASI Gov. They can do this by contacting EASI Gov or the issuer. If the issuer is contacted, the member's issuer shall contact EASI Gov detailing the request and circumstances of the reinstatement review.

Special Enrollment Period

An eligible individual may also enroll during an SEP, which is a time outside of the annual OEP when an individual may sign up for coverage due to a qualifying life event. SEPs have been designated during which an individual may apply for or change coverage. Individuals must apply for coverage within 60 days of the date of a qualifying life event. The Effective Date of a member's coverage will be the first of the following month after making their enrollment selection, unless the consumer requests a later coverage start date.

If an individual voluntarily terminates their other MEC (other than leaving employment), this reason for termination does not allow for an SEP. This individual will need to apply for benefits and coverage during the next OEP or a different SEP.

Qualifying life events are significant life changes, including:

- Loss of MEC (**not** due to failure to pay premiums or provide requested documentation, etc.);
- Moving to New Mexico or to a new rating area within New Mexico;
- Newly gained DACA status;
- Enrollment or failure to enroll in a plan is due to an error, misrepresentation, or inaction by HCA's enrollment vendor (currently EASI Gov) or by the issuer's employee; or
- An exceptional circumstance not addressed above that must be evaluated by the HCA, EASI Gov, and the individual's chosen issuer.

Note: Once enrolled in coverage, a change in income or household size may allow for a change in benefits under the Program, but this does not allow for an SEP.

Coverage resulting from any of the qualifying life events outlined above is contingent upon timely completion of the application(s) and remittance of the appropriate premium.

NOT a Qualifying Life Event

- Losing health insurance coverage that is not considered MEC such as short-term health insurance or a medical cost-sharing group program;
- Choosing to terminate health insurance coverage before the policy ends for the coverage year (other than leaving employment);
- Losing government-sponsored health coverage, such as Medicaid, Tricare, or Medicare due to not providing requested documentation or verification; or
- Losing MEC for not paying a premium.

Proof of Qualifying Life Event

A consumer must provide valid proof of their qualifying life event within 30 calendar days of the date of application. The proof documentation should show that the event occurred within 60 calendar days in the past, or, for loss of MEC, either 60 days in the past or 60 days in the future (the individual's other MEC must have terminated before this new coverage can begin).

Event proof should include:

- The reason for the qualifying life event;
- The date that the other MEC ended, if applicable; and
- Valid documentation must come from an official source such as an issuer, employer, policy administrator, or government agency. Examples include documents:
    - On company letterhead,
    - With a signature from a company or agency officer,
    - From an official website, or
    - From an official email account for a company/agency.

To ensure timely processing of their application, consumers should include:

- Their full name on each page;
- Include all pages of their proof documentation; and
- Send copies of documentation versus pictures or screenshots to ensure a clear image.

Note: Original documents should **NOT** be sent.

Overview of the Clear Cost Gold Plan

The Program is designed to allow DACA recipients to enroll in a "Clear Cost Gold" plan. This plan has been selected for its lower out-of-pocket costs for medical care. Also, Clear Cost plans provide cost predictability by clearly identifying services that require a deductible and by favoring copayments over coinsurance. Alternative plan options are not eligible for financial assistance under the Program.

Note: Only individual plans will be offered; the Program will not provide family plans. Household members who are not DACA recipients should be directed to other programs for which they may be eligible, such as the Marketplace, Medicaid, Medicare, employer-sponsored plans, or the New Mexico Medical Insurance Pool (NMMIP).

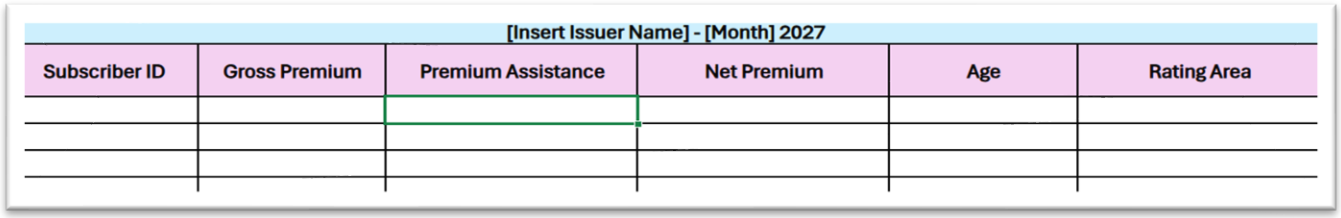
Data Reporting and Payment Process

Participating issuers must submit data on a monthly basis to the HCA indicating the following (see **Figure 1**):

- The Subscriber ID;
- The Gross Premium for the plan;
- The Premium Assistance amount owed for DACA recipients enrolled in the Program;
- The Net Premium that the member owes;
- The consumer's Age at plan effectuation;
- The consumer's Rating Area; and
- Any notes regarding consumer termination, duplicate entry of a consumer on another line due to retroactive enrollment, etc.

This data will be due according to the schedule in **Table 6**. If needed, retroactive adjustments for premium assistance in prior months may be incorporated into subsequent data reports and invoices (i.e., if adjustments are needed for February, they may be billed on the March invoice if the prior month's invoice has already been paid by the HCA).

Reporting Example



[Insert Issuer Name] - [Month] 2027

Subscriber ID	Gross Premium	Premium Assistance	Net Premium	Age	Rating Area

Figure 1. Issuer Data

Issuers must submit the attached reporting template and an invoice to the HCA each month via the HCA ShareFile.

Table 6. Monthly Reporting Deadlines for PY27

Coverage Month	Issuer Reporting Deadline
January 2027	January 5, 2027
February 2027	February 3, 2027
March 2027	March 3, 2027
April 2027	April 5, 2027
May 2027	May 5, 2027
June 2027	June 3, 2027
July 2027	July 5, 2027
August 2027	August 4, 2027
September 2027	September 3, 2027
October 2027	October 5, 2027
November 2027	November 3, 2027
December 2027	December 3, 2027

Data received by the HCA will be validated against data provided by EASI Gov for the applicable time period. If there are discrepancies, the HCA staff will work with the issuer and EASI Gov to address the discrepancies and issue payment as soon as administratively feasible.

All invoices sent to members by the issuer should clearly show the state payments received by the issuer to reduce the member's premium.

Reconciliation

Issuers must reconcile DACA Coverage Program payments annually. DACA Coverage Program Reconciliation Guidance for PY26 will be issued by HCA in 2027. Additional reconciliation practices may be issued by the HCA depending on administrative need.

Please direct any questions regarding this Notice of Program Guidance to Sheila Appleton at 505-637-2207 or via email at HCAF@hca.nm.gov.