

Notice of Program Guidance: 2026 DACA Coverage Program

Issued November 26, 2025



HEALTH CARE
AUTHORITY

This Notice of Program Guidance is issued pursuant to NMSA 1978, Section 59A-23F-11, which established the Health Care Affordability Fund (HCAF) 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 new DACA 2026 Program (the Program). The Program is designed to provide affordable health insurance for individuals in Plan Year 2026 (PY26) 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. In response to this Rule, the Health Care Authority (HCA, the Authority) 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 issuers and eligibility requirements for Program participants. It does not replace or supersede any regulations or Bulletins issued by the Office of Superintendent of Insurance (OSI), which has full regulatory authority over the individual market.

2026 DACA Coverage Program Parameters

HCA will offer qualifying DACA recipients premium assistance to help provide affordable coverage options for individuals who recently lost eligibility for affordable coverage through the Health Insurance Marketplace. The assistance provided to members will be similar to current affordability criteria on the Marketplace, enabling DACA recipients to access affordable health insurance coverage if they do not have access to other affordable coverage options. The Program offers a premium cost sliding scale with fixed, predictable premium amounts for consumers. This assistance is available only through off-Marketplace “Clear Cost Gold” plans.

Effective Dates

Apply and enroll December 1, 2025, through December 31, 2025, for January 1, 2026, coverage. Apply and enroll January 1, 2026, through January 15, 2026, for February 1, 2026, 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).¹ The “Clear Cost Gold” plans of issuers are ranked from least expensive to most expensive, one through four, in each rating area based on approved PY26 rates.

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

Clear Cost Gold Plans	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

¹ New Mexico Rating Areas: <https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-market-reforms/nm-gra>.

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

Clear Cost Gold Plans	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	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	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	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: Consumers will not need to reconcile the Program's premium assistance payments at tax time as they do with the Advance Premium Tax Credit received through BeWell, New Mexico's Health Insurance Marketplace.

Eligible Health Plans

Premium assistance is for “Clear Cost Gold” plans. These standardized plans provide cost predictability by exclusively using fixed co-payments and minimizing the services subject to a deductible. Alternative plan options are not eligible for financial assistance under the Program.

Premium assistance will only be available for individual plans; the Program will not provide premium assistance for family plans. If there are multiple DACA recipients in a household, each individual must enroll in an individual plan. Household members who are not DACA recipients should be directed to other programs for which they may be eligible, such as Marketplace programs, Medicaid, Medicare, employer-sponsored plans, or the New Mexico Medical Insurance Pool (NMMIP).

Program Eligibility

To qualify for the DACA 2026 Program, an individual must:

- Be a resident of New Mexico;
- Be a current DACA recipient;
- 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 both an online and paper application for Program eligibility. EASI Gov will also facilitate eligibility verification and consumer support, with guidance provided by the HCA.

Consumers must provide proof of their DACA status and household income. Consumers are encouraged to provide this proof during the application process. If that is not possible, proof must be provided within two weeks or prior to the end of the Open Enrollment Period (OEP) or Special Enrollment Period (SEP), whichever is sooner.

Enrollment

Eligible DACA recipients can enroll in the Program during the OEP for individual market health insurance. This year the Program’s application period will start on December 1, 2025, and end January 15, 2026. EASI Gov will assist applicants with the enrollment process during the OEP. Click [here](#) to access the online portal and the paper application.

Enrollment During a Special Enrollment Period

Outside of the annual OEP, individuals who have experienced a qualifying life event may be allowed to use an SEP to enroll in coverage, such as losing previous health coverage or moving to New Mexico. Consumers have 60 calendar days from the date of the qualifying life event to report the event to EASI Gov. They may report a loss of coverage 60 days in advance. EASI Gov will also assist applicants with the enrollment process both during the OEP and SEPs. Individuals will need to provide proof of their qualifying life event through EASI Gov within the 60-calendar day window. Changes of household size and household income must be reported, regardless of if they allow for an SEP, as those changes may impact the member’s FPL. This may lead to a change in premium amount on the existing plan.

The HCA vendor will also assist applicants with the enrollment process and provide both eligibility and enrollment information to the issuers concurrently. Enrollment will be capped at 300 individuals across all issuers during PY26, unless this guidance is amended to create additional enrollment slots. If the enrollment cap is reached during the OEP, no additional individuals will be permitted to enroll with the use of an SEP during PY26.

Insurance producers or authorized representatives may also support the consumer with their enrollment. They must complete the application and enrollment processes (online or on paper) in alignment with the issuer's application submission requirements. All issuers require the consumer's signature to complete an application for coverage.

Reporting Changes and Redeterminations

Any changes that impact consumer contact information, program eligibility, or the level of assistance available to an eligible consumer should be reported to EASI Gov within 30 calendar days. These can be reported by calling EASI Gov at 1-505-705-3310. Consumer eligibility will be redetermined based on reported changes and EASI Gov will report any changes to issuers.

Cancellations should also be reported through EASI Gov. If a consumer inadvertently reports a cancellation or termination through the issuer, the issuer should notify EASI Gov through a determined process of this cancellation or termination.

Eligibility Appeals

Consumers will be able to appeal their eligibility determination to EASI Gov if they do not agree with the determination. If they do not agree with the appeal outcome, they can appeal their eligibility determination through the Health Care Affordability Bureau. Detailed appeals language is listed below and will be included on consumer noticing.

- (1) Applicants or their authorized representatives may appeal any adverse program eligibility or assistance decision, including eligibility status, income/residency findings, assistance tier, or effective date.
- (2) The authorized eligibility determination vendor shall issue a written notice that states the decision and effective date, the reasons, how to appeal, the filing deadline, and the availability of free language services and disability accommodations.
- (3) Appeals must be filed within 30 calendar days of the notice date. Late appeals may be accepted for good cause. Appeals may be filed by methods specified in guidance. An authorized representative may be designated at any time.
- (4) An impartial member of the agency's eligibility vendor shall decide first-level appeals. A written decision is due within 20 calendar days of receipt, or within 3 business days if expedited due to risk of care disruption. If no timely decision is issued, the appellant may proceed to a final appeal.
- (5) A final appeal may be filed with the Health Care Affordability Bureau within 30 calendar days of the vendor decision or a vendor delay. The Bureau will conduct review and issue a written decision within 45 calendar days, or within 5 business days if expedited. The Bureau's decision is the final administrative action.

Data Reporting and Payment Process

EASI Gov will communicate member premiums and premium assistance amounts to the applicable issuer. Issuers will perform monthly eligibility and enrollment data reconciliation with EASI Gov. Issuers must submit data to the HCA indicating the premium assistance amounts owed for DACA recipients enrolled in the Program for each month in the plan year. 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 (i.e., if adjustments are needed for February, they may be billed on the March invoice).

Issuers must submit the [reporting template](#) and an invoice to HCA each month via the SERFF system that includes the consumer's subscriber ID, gross premium, the premium assistance amount associated with the Program, the net premium for the consumer, the consumer's age at policy issuance, and the consumer's rating area. All invoices sent to consumers should clearly show the state payments received by the issuer to reduce their premium.

Table 6: Monthly Issuer Reporting Deadlines for PY26

Coverage Month	Issuer Reporting Deadline
January 2026	January 9, 2026
February 2026	February 3, 2026
March 2026	March 3, 2026
April 2026	April 2, 2026
May 2026	May 4, 2026
June 2026	June 2, 2026
July 2026	July 2, 2026
August 2026	August 4, 2026
September 2026	September 2, 2026
October 2026	October 2, 2026
November 2026	November 3, 2026
December 2026	December 2, 2026

Please direct any questions regarding this Notice of Program Guidance to DeAnna Stock at 505-695-8496 or via email at HCAF@hca.nm.gov.

Contact Information for EASI Gov

- To apply for coverage or report changes: <https://www.easigov.com/daca.html>
- Phone: 1-505-705-3310
- Fax: 1-505-705-3312