

FAQ PY26 for DACA Coverage Program Vendors and Issuers

Issued: October 21, 2026.

Eligibility

Q: What proof of immigration status does the consumer need to submit if immigration documentation processing at the federal level is delayed?

- If the consumer has proof of submission of their Deferred Action for Childhood Arrival documentation, along with the submitted status, they can still be eligible for coverage through the DACA Coverage Program.

Grace Period

Q: What is the time frame a consumer is given to make their monthly premium payment before policy termination (after making their first payment)?

- Program participants who do not pay their monthly premiums after the initial binder payment have a 31-day grace period to make the payment. If the payment is not made within this timeframe, their coverage will be terminated retroactively to the first day of the month in which the payment was missed. Participants should receive notices from their issuer indicating that their account is past due.

Q: What information will the issuer use to process a termination for nonpayment?

- The issuer will apply the program's grace-period requirements after validating the consumer premium status through the designated billing process. Issuer will follow existing billing and termination process for nonpayment and share file with vendor to notify vendor of termination.

Reconciliation

Q: What subsidy billing process will be implemented for the DACA Coverage Program to ensure clarity and efficiency for all stakeholders involved?

- The DACA Coverage Program vendor provides the issuer with three key amounts: the gross premium amount of the consumer's health insurance plan, the subsidy covered by the Health Care Agency (HCA), and the net premium owed by the consumer.
- The issuer will bill the consumer for the net premium, which includes the binder payment and each subsequent monthly payment.
- The issuer will invoice the HCA each month and use the HCA-provided [template](#) for all consumer subsidy payments. [Click here](#) for the monthly schedule.

- The consumer's coverage will be activated based solely on their binder/first premium payment to their selected issuer, while the HCA's subsidy payment to the issuer will be processed by the end of the coverage month.

Q: If a consumer's coverage is canceled or terminated, and subsidy funds are owed back to the HCA, what does that process look like?

- HCA will have a reconciliation process to identify any refunds/credits owed to itself or the issuers. HCA will provide the reconciliation timeline at a later date.

Q: How will enrollment discrepancies between the vendor, HCA, and issuer be resolved?

- The reconciliation process should compare active enrollment, subscriber identifiers, effective and termination dates, rating area, premium amounts, and retroactive changes across systems. HCA should identify the source of truth for each field, the correction and escalation process, response timeframes, and the party responsible for communicating corrected records.

Q: What will be the frequency of the consumer data file being sent from the vendor to the HCA?

- The consumer data file will be sent weekly from the vendor to the HCA during the Open Enrollment Period and monthly outside of the Open Enrollment Period by the 5th of each month.

Q: How and when will enrollment and eligibility information be transmitted to issuers?

- The HCA vendor will send eligibility and enrollment information to issuers through the established secure process. The file or roster specifications should identify the delivery schedule, required data elements, transaction types, effective dates, cancellation and termination indicators, retroactive changes, correction procedures, and the acknowledgment or error-resolution process.

Reporting

Q: Can the reporting template be shared?

- Yes, the issuer reporting template is available on the HCA webpage: [reporting template](#).

Q: At what frequency should data be reported to the HCA for payment?

- Participating issuers must submit data on a monthly basis to the HCA indicating the following (please confirm you have the most recent copy of the DACA Reporting Template):

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

Special Enrollment Period

Q: What is a qualifying life event that will allow a consumer a Special Enrollment Period to enroll in the DACA Coverage Program and health insurance outside of the Open Enrollment Period?

- Losing Minimum Essential Coverage (MEC) such as affordable employer-sponsored coverage, Medicaid, Medicare, TRICARE, etc.
- Losing MEC because consumer turns 26-years-old.
 - **Note:** Consumer should confirm with existing issuer if they will lose coverage at the end of the month they turn 26 or at the end of the coverage year.
- Losing MEC when the policyholder of consumer's existing health insurance plan becomes eligible for Medicare.
- Loss of MEC through a job, including due to no longer working for employer or COBRA coverage ending.
- Consumer was legally separated or divorced and is losing their health coverage as a result.
- Recently moved to New Mexico or to new rating area within New Mexico.
- A change in Deferred Action for Childhood Arrival recipient status.
- If the consumer feels they may have a different qualifying life event, they should contact the DACA Coverage Program vendor, EASI Gov, at 1-505-705-3310.

Q: What coverage effective-date rules apply during Open Enrollment and Special Enrollment Periods?

- HCA will specify the effective date associated with each application or qualifying life event, including the rules for applications received before and after monthly cutoff dates, retroactive effective dates, incomplete applications, delayed documentation, and corrections to previously transmitted enrollment records.

Q: What should be provided as proof of a qualifying life event for a Special Enrollment Period within 30 days of application?

Qualifying life event proof should include:

- The qualifying life event and the date of the qualifying life event
 - **Note:** Date must be within 60 days of the qualifying life event; 60 days before or after the loss of MEC.
- 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 and date of birth on each page;
 - Include all pages of their proof documentation; and
 - Send copies of documentation (or screenshots) and ensure the copies or images are clear and complete.
- If the consumer has any questions regarding providing proof, they should contact the DACA Coverage Program vendor, EASI Gov, at 1-505-705-3310.

Q: What is NOT considered 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;
- Choosing to terminate health insurance coverage before the policy ends for the coverage year (other than leaving a job);
- Losing government-sponsored health coverage, such as Medicaid, Tricare, or Medicare due to not providing requested documentation or verification; or
- Losing MEC due to not paying a health insurance premium.

Q: How will issuers receive changes, redeterminations, cancellations, and terminations?

- Consumers should report changes and cancellation requests to EASI Gov. EASI Gov will send the resulting enrollment update to the issuer through the established secure process. HCA should specify the required notification timeframe, effective-date rules, reason codes, retroactive adjustment process, and the method issuers must use to report a cancellation or termination received directly from a consumer.

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