

# **Default Enrollment**

## **Policy and Data of Approved Medicare Advantage Organizations**

**March 10, 2020**

Default enrollment was authorized in section 1851(c)(3) of the Social Security Act as part of the Balanced Budget Act of 1997. This provision gives the Secretary the authority to establish procedures for enrolling individuals from their current healthcare coverage into a Medicare Advantage (MA) plan offered by the same organization as of the first day their Medicare coverage starts, if they do not elect to receive Medicare coverage in another way.

CMS codified the default enrollment process (CMS 4182-F) and specified the scope to include enrollments of an organization's Medicaid managed care enrollees into an affiliated dual eligible special needs plan (D-SNP) upon the individuals' initial eligibility for Medicare. Organizations meeting these requirements that wish to begin using this enrollment process submit proposals to CMS via the HPMS module that became available in October 2018.

Regulation at §422.66(c)(2) stipulates the parameters for MA organizations (MAOs) that wish to use this optional enrollment mechanism. An MAO must submit a proposal to CMS for review and approval prior to effectuating any default enrollments. The proposal must address all aspects of the default enrollment mechanism specified in regulation, including information on the Medicaid managed care plan from which newly eligible Medicare beneficiaries will be default enrolled, as well as the D-SNP into which these individuals will be default enrolled.

MAOs interested in applying for default enrollment must also have a minimum overall quality rating of at least 3 stars in the most recently published data (or not have a star rating because it is a low enrollment contract or is a new MA plan), and not have any prohibition on new enrollment imposed by CMS. The MAO must also be able to identify both aged and disabled individuals in the Medicaid managed care plan and issue a written notice to them at least 60 days before Medicare eligibility.

As of March 2020, 24 parent organizations, encompassing 44 separate plans in 24 MA contracts, are approved to use the default enrollment mechanism. Not all approved MAOs have implemented this process.

The chart below outlines the MAOs that are currently approved to offer default enrollment, including the contract and PBP numbers. For the 2018 plan year, MAOs approved to offer default enrollment submitted 12,472 default enrollment transactions. For the 2019 plan year, MAOs submitted 10,352 default enrollment transactions.

Additional information on default enrollment requirements can be found at:

<https://www.integratedcareresourcecenter.com/resource-topic/default-enrollment>

**MA ORGANIZATIONS APPROVED FOR DEFAULT ENROLLMENT  
(as of 3-10-2020)**

<b>Legal Entity</b>	<b>Contract Plan ID</b>
UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	H0251-002
UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	H0251-004
UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	H0251-005
ARIZONA PHYSICIANS IPA, INC.	H0321-002
ARIZONA PHYSICIANS IPA, INC.	H0321-004
COVENTRY HEALTH CARE OF VIRGINIA	H1610-001
AMERIGROUP TEXAS, INC.	H2593-021
PENNSYLVANIA HEALTH & WELLNESS, INC.	H2915-001
PENNSYLVANIA HEALTH & WELLNESS, INC.	H2915-002
PENNSYLVANIA HEALTH & WELLNESS, INC.	H2915-007
VOLUNTEER STATE HEALTH PLAN	H3259-001
HEALTHKEEPERS, INC.	H3447-011
HEALTHKEEPERS, INC.	H3447-012
ATRIO HEALTH PLANS	H3814-007
MMM HEALTHCARE, LLC	H4003-017
VISTA HEALTH PLAN, INC.	H4227-001
VISTA HEALTH PLAN, INC.	H4227-002
UPMC FOR YOU, INC	H4279-001
UNIVERSITY CARE ADVANTAGE, INC.	H4931-001
UNIVERSITY CARE ADVANTAGE, INC.	H4931-006
UNIVERSITY CARE ADVANTAGE, INC.	H4931-007
UNIVERSITY CARE ADVANTAGE, INC.	H4931-008
BANNER - UNIVERSITY CARE ADVANTAGE	H4931-013
BANNER - UNIVERSITY CARE ADVANTAGE	H4931-014
BANNER - UNIVERSITY CARE ADVANTAGE	H4931-015
BANNER - UNIVERSITY CARE ADVANTAGE	H4931-016
ONECARE BY CARE1ST HEALTH PLAN ARIZONA INC.	H5430-001
SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION	H5580-001
SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION	H5580-004
SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION	H5580-005
HEALTH CHOICE ARIZONA, INC.	H5587-002
BRIDGEWAY HEALTH SOLUTIONS	H5590-008
DENVER HEALTH MEDICAL PLAN, INC.	H5608-001
TRIPLE S ADVANTAGE, INC.	H5774-024
TRIPLE S ADVANTAGE, INC.	H5774-025
TRIPLE S ADVANTAGE, INC.	H5774-026
TRIPLE S ADVANTAGE, INC.	H5774-028
HEALTH PLAN OF CAREOREGON, INC.	H5859-001
ATRIO HEALTH PLANS	H5995-001
UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	H7464-001
MAGELLAN COMPLETE CARE OF VIRGINIA, LLC	H7559-001
MAGELLAN COMPLETE CARE OF ARIZONA, INC	H8845-001
WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC	H9730-003
WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC	H9730-004