Default Enrollment

Policy and Data on Approved Medicare Advantage Plans

March 2, 2026

Updated April 7, 2026

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. The Centers for Medicare & Medicaid Services (CMS) codified the default enrollment process (CMS 4182-F, 83 CFR 16495 through 16502)[1] 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 Health Plan Management System module.

Regulation § 422.66(c)(2) stipulates the parameters for MA organizations that wish to use this optional enrollment mechanism. An MA organization 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 the 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.

MA organizations 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 MA organization must also be able to identify both those becoming Medicare-eligible because of age and disability in the Medicaid managed care plan. At least 60 days before enrollment, the MA organization must issue a written notice to individuals being default-enrolled into the D-SNP that explains their right to opt-out, their other Medicare coverage options, and the process for obtaining care in the D-SNP.

As of December 31, 2025, CMS approved 31 parent organizations, encompassing 80 separate plans in 57 MA contracts in 15 states and Puerto Rico to use the default enrollment mechanism. Most are submitting default enrollment transactions, but those newly approved may still be implementing this process.

The chart below outlines the MA organizations that are currently approved to offer default enrollment, including the contract and plan benefit package (PBP) numbers as well as the state. For the 2025 plan year, MA organizations approved to offer default enrollment submitted 39,963 default enrollment transactions. This is a 12 percent increase from 2024.

Additional information on default enrollment requirements can be found at:
https://www.integratedcareresourcecenter.com/resource/using-default-enrollment-align-coverage-dually-eligible-medicare-medicaid-beneficiaries

[1] https://www.govinfo.gov/content/pkg/FR-2018-04-16/pdf/2018-07179.pdf

MA ORGANIZATIONS APPROVED FOR DEFAULT ENROLLMENT
(as of December 31, 2025)

State	Legal Entity	Contract # / PBP
AZ	ARIZONA PHYSICIANS IPA, INC.	H0321-002
AZ	ARIZONA PHYSICIANS IPA, INC.	H0321-004
AZ	UNIVERSITY CARE ADVANTAGE, INC.	H4931-007
AZ	BANNER - UNIVERSITY CARE ADVANTAGE	H4931-015
AZ	HEALTH CHOICE ARIZONA, INC.	H5587-002
AZ	BRIDGEWAY HEALTH SOLUTIONS	H5590-008
AZ	MAGELLAN COMPLETE CARE OF ARIZONA, INC	H8845-001
CA	COMMUNITY HEALTH GROUP	H4733-001
CA	SAN MATEO HEALTH COMMISSION	H6019-001
CA	KAISER FOUNDATION HP, INC.	H8794-002
CO	ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION, INC.	H2582-002
CO	DENVER HEALTH MEDICAL PLAN, INC.	H5608-001
HI	KAISER FOUNDATION HP, INC.	H1230-008
HI	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H2406-051
HI	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	H2491-004
HI	HAWAII MEDICAL SERVICE ASSOCIATION	H3832-011
HI	ALOHACARE	H5969-002
IN	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	H2001-064
IN	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	H2001-067
IN	HEALTHKEEPERS, INC.	H3447-048
IN	HEALTHKEEPERS, INC.	H3447-055
IN	ARCADIAN HEALTH PLAN, INC.	H5619-054

State	Legal Entity	Contract # / PBP
KY	MOLINA HEALTHCARE OF KENTUCKY, INC.	H1799-001
KY	ARCADIAN HEALTH PLAN, INC.	H5619-163
KY	UNITEDHEALTHCARE OF WISCONSIN, INC.	H6595-005
KY	HUMANA WI HEALTH ORGANIZATION INSURANCE CORP	H6622-018
KY	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC	H9730-004
NM	UNITEDHEALTHCARE INSURANCE COMPANY	H0294-049
NM	PRESBYTERIAN HEALTH PLAN	H3204-013
NM	HEALTH CARE SERVICE CORPORATION	H3251-029
NM	MOLINA HEALTHCARE OF ARIZONA, INC.	H8845-006
NY	METROPLUS HEALTH PLAN, INC.	H0423-001
NY	METROPLUS HEALTH PLAN, INC.	H0423-007
NY	MVP HEALTH PLAN, INC	H3305-034
NY	HEALTHFIRST HEALTH PLAN, INC.	H3359-021
NY	HEALTHFIRST HEALTH PLAN, INC.	H3359-034
NY	HEALTHFIRST HEALTH PLAN, INC.	H3359-038
NY	UNITED HEALTHCARE OF NEW YORK, INC.	H3387-013
NY	UNITED HEALTHCARE OF NEW YORK, INC.	H3387-014
NY	NEW YORK QUALITY HEALTHCARE CORPORATION	H5599-001
NY	NEW YORK QUALITY HEALTHCARE CORPORATION	H5599-003
NY	HEALTH INSURANCE PLAN OF GREATER NEW YORK	H5991-012
NY	HEALTH INSURANCE PLAN OF GREATER NEW YORK	H5991-013
NY	SENIOR WHOLE HEALTH OF NEW YORK, INC.	H5992-007
NY	SENIOR WHOLE HEALTH OF NEW YORK, INC.	H5992-009
NY	EXCELLUS HEALTH PLAN COMMUNITY CARE LLC	H7524-001

State	Legal Entity	Contract # / PBP
NY	EXCELLUS HEALTH PLAN COMMUNITY CARE LLC	H7524-003
OR	TRILLIUM COMMUNITY HEALTH PLAN, INC.	H2174-001
OR	PACIFICSOURCE COMMUNITY HEALTH PLANS	H3864-043
OR	HEALTH PLAN OF CAREOREGON, INC.	H5859-001
PA	PENNSYLVANIA HEALTH & WELLNESS, INC.	H2915-002
PA	PENNSYLVANIA HEALTH & WELLNESS, INC.	H2915-007
PA	VISTA HEALTH PLAN, INC.	H4227-001
PA	VISTA HEALTH PLAN, INC.	H4227-002
PA	UPMC FOR YOU, INC	H4279-001
PR	MMM HEALTHCARE, LLC	H4003-017
PR	TRIPLE S ADVANTAGE, INC.	H5774-028
TN	UNITEDHEALTHCARE OF THE RIVER VALLEY, INC	H0251-002
TN	UNITEDHEALTHCARE OF THE RIVER VALLEY, INC	H0251-004
TN	VOLUNTEER STATE HEALTH PLAN	H3259-001
TN	VOLUNTEER STATE HEALTH PLAN	H3259-002
TN	AMERIGROUP TENNESSEE, INC.	H5828-001
TN	AMERIGROUP TENNESSEE, INC.	H5828-002
UT	SELECTHEALTH, INC.	H1994-015
UT	MOLINA HEALTHCARE OF UTAH, INC.	H5628-001
VA	COVENTRY HEALTH CARE OF VIRGINIA	H1610-001
VA	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	H2445-001
VA	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	H2445-003
VA	HUMANA, INC	H2875-001
VA	HUMANA, INC	H2875-003

State	Legal Entity	Contract # / PBP
VA	SENTARA HEALTH PLANS	H4499-001
VA	HEALTHKEEPERS, INC.	H4694-001
VA	HEALTHKEEPERS, INC.	H4694-003
VA	HEALTHKEEPERS, INC.	H4694-004
WA	CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	H5008-002
WA	COMMUNITY HEALTH PLAN OF WASHINGTON	H5826-014
WI	INDEPENDENT CARE HEALTH PLAN	H2237-007
WI	UNITEDHEALTHCARE OF WISCONSIN, INC.	H3794-002
WI	MANAGED HEALTH SERVICES INSURANCE CORP.	H8189-001
WI	COMPCARE HEALTH SERVICES INSURANCE CORPORATION	H9525-003