Default Enrollment
Policy and Data on Approved Medicare Advantage Plans

January 25, 2023

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 and 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 at §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, 2022, CMS approved 27 parent organizations, encompassing 78 separate plans in 49 MA contracts in 11 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. In October 2022, CMS suspended the approval to conduct default enrollment of six plans for calendar year 2023 due to overall Star Ratings that fell below 3 stars. The plans are included in the list of approved MA organizations for 2022 due to enrollments that may have been submitted prior to the CMS issued suspension.

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 2021 plan year, MA organizations approved to offer default enrollment submitted 32,133 default enrollment transactions. For the 2022 plan year, MA organizations approved to offer default enrollment submitted 35,686 default enrollment transactions, an 11 percent increase over 2021.

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[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, 2022)

State	Legal Entity	Contract # / PBP
AZ	ARIZONA PHYSICIANS IPA, INC.	H0321-002
AZ	ARIZONA PHYSICIANS IPA, INC.	H0321-004
AZ	UNIVERSITY CARE ADVANTAGE, INC.[2]	H4931-001
AZ	UNIVERSITY CARE ADVANTAGE, INC.[2]	H4931-006
AZ	UNIVERSITY CARE ADVANTAGE, INC.	H4931-007
AZ	UNIVERSITY CARE ADVANTAGE, INC.[2]	H4931-008
AZ	BANNER - UNIVERSITY CARE ADVANTAGE[3]	H4931-013
AZ	BANNER - UNIVERSITY CARE ADVANTAGE[3]	H4931-014
AZ	BANNER - UNIVERSITY CARE ADVANTAGE	H4931-015
AZ	BANNER - UNIVERSITY CARE ADVANTAGE[3]	H4931-016
AZ	SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION	H5580-001
AZ	SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION	H5580-004
AZ	SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION	H5580-005
AZ	HEALTH CHOICE ARIZONA, INC.	H5587-002
AZ	BRIDGEWAY HEALTH SOLUTIONS	H5590-008
AZ	BRIDGEWAY HEALTH SOLUTIONS OF ARIZONA, INC.	H5590-009
AZ	MAGELLAN COMPLETE CARE OF ARIZONA, INC	H8845-001
CO	ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION, INC.	H2582-002
CO	DENVER HEALTH MEDICAL PLAN, INC.	H5608-001
HI	KAISER FOUNDATION HP, INC.	H1230-008

[2] Plan consolidated into UNIVERSITY CARE ADVANTAGE, INC (H4931-007) for CY2023.
[3] Plan consolidated into BANNER - UNIVERSITY CARE ADVANTAGE (H4931-015) for CY2023.

HI	UNITEDHEALTHCARE INSURANCE COMPANY	H2228-043
HI	WELLCARE HEALTH INSURANCE OF ARIZONA, INC.	H2491-004
HI	HAWAII MEDICAL SERVICE ASSOCIATION	H3832-011
HI	ALOHACARE[i]	H5969-002
HI	UNITEDHEALTHCARE INSURANCE COMPANY	R3175-003
KY	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC	H9730-003
KY	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC	H9730-004
NY	METROPLUS HEALTH PLAN, INC.	H0423-001
NY	METROPLUS HEALTH PLAN, INC.	H0423-007
NY	HEALTHPLUS HP, LLC[i]	H1732-001
NY	HEALTHPLUS HP, LLC[i]	H1732-003
NY	HEALTH INSURANCE PLAN OF GREATER NEW YORK	H3330-042
NY	HEALTHFIRST HEALTH PLAN, INC.[ii]	H3359-034
NY	HEALTHFIRST HEALTH PLAN, INC.	H3359-038
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	NEW YORK QUALITY HEALTHCARE CORPORATION	H5599-008
OR	TRILLIUM COMMUNITY HEALTH PLAN, INC.[ii]	H2174-001
OR	ATRIO HEALTH PLANS	H3814-007
OR	PACIFICSOURCE COMMUNITY HEALTH PLANS	H3864-043
OR	HEALTH PLAN OF CAREOREGON, INC.	H5859-001
OR	ATRIO HEALTH PLANS	H5995-001
PA	PENNSYLVANIA HEALTH & WELLNESS, INC.[i]	H2915-001
PA	PENNSYLVANIA HEALTH & WELLNESS, INC.[i]	H2915-002

PA	PENNSYLVANIA HEALTH & WELLNESS, INC.[i]	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.	H5774-024
PR	TRIPLE S ADVANTAGE, INC.	H5774-025
PR	TRIPLE S ADVANTAGE, INC.	H5774-026
PR	TRIPLE S ADVANTAGE, INC.	H5774-028
TN	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	H0251-002
TN	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	H0251-004
TN	UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.	H0251-005
TN	AMERIGROUP TEXAS, INC.	H2593-021
TN	VOLUNTEER STATE HEALTH PLAN	H3259-001
TN	AMERIGROUP TENNESSEE, INC.	H5828-001
TN	AMERIGROUP TENNESSEE, INC.	H5828-002
UT	SELECTHEALTH, INC.[ii]	H1994-015
UT	MOLINA HEALTHCARE OF UTAH, INC.	H5628-001
UT	HEALTH CHOICE UTAH, INC.	H9455-001
VA	COVENTRY HEALTH CARE OF VIRGINIA	H1610-001
VA	OPTIMA HEALTH PLAN	H2563-004
VA	HEALTHKEEPERS, INC.	H3447-011
VA	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	H7464-001
VA	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	H7464-007
VA	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	H7476-005

VA	MAGELLAN COMPLETE CARE OF VIRGINIA, LLC	H7559-001
VA	VIRGINIA PREMIER HEALTH PLAN, INC.[ii]	H9877-001
WI	INDEPENDENT CARE HEALTH PLAN[ii]	H2237-001
WI	INDEPENDENT CARE HEALTH PLAN[ii]	H2237-007
WI	MOLINA HEALTHCARE OF WISCONSIN, INC.[ii]	H2879-001
WI	UNITEDHEALTHCARE OF WISCONSIN, INC.[ii]	H3794-002
WI	MANAGED HEALTH SERVICES INSURANCE CORP.[ii]	H8189-001
WI	COMPCARE HEALTH SERVICES INSURANCE CORPORATION[ii]	H9525-003

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[i] Effective October 2022, the Centers for Medicare & Medicaid Services (CMS) suspended this plan's approval to conduct default enrollment due to an overall Star Rating that fell below 3 stars. MA organizations must have a minimum overall quality rating from the most recently issued ratings, under the rating system described in §§ 422.160 through 422.166, of at least 3 stars. This criterion is codified at 42 CFR 422.66(c).

[ii] Newly approved plan for CY2022.