

Default Enrollment

Policy and Data of Approved Medicare Advantage Organizations

June 16, 2021

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.

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 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 June 2021, 21 parent organizations, encompassing 57 separate plans in 33 MA contracts in 10 states and Puerto Rico, are approved 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 PBP numbers as well as state. For the 2020 plan year, MA organizations approved to offer default enrollment submitted 15,872 default enrollment transactions. For the 2019 plan year, MA organizations 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 6-16-2021)

State	Legal Entity	Contract # / Plan ID
AZ	ARIZONA PHYSICIANS IPA, INC.	H0321-002
AZ	ARIZONA PHYSICIANS IPA, INC.	H0321-004
AZ	BANNER - UNIVERSITY CARE ADVANTAGE	H4931-013
AZ	BANNER - UNIVERSITY CARE ADVANTAGE	H4931-014
AZ	BANNER - UNIVERSITY CARE ADVANTAGE	H4931-015
AZ	BANNER - UNIVERSITY CARE ADVANTAGE	H4931-016
AZ	BRIDGEWAY HEALTH SOLUTIONS	H5590-008
AZ	HEALTH CHOICE ARIZONA, INC.	H5587-002
AZ	MAGELLAN COMPLETE CARE OF ARIZONA, INC	H8845-001
AZ	ONECARE BY CARE1ST HEALTH PLAN ARIZONA INC.	H5430-001
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	UNIVERSITY CARE ADVANTAGE, INC.	H4931-001
AZ	UNIVERSITY CARE ADVANTAGE, INC.	H4931-006
AZ	UNIVERSITY CARE ADVANTAGE, INC.	H4931-007
AZ	UNIVERSITY CARE ADVANTAGE, INC.	H4931-008
CO	DENVER HEALTH MEDICAL PLAN, INC.	H5608-001
HI	HAWAII MEDIAL SERVICE ASSOCIATION	H3832-011
HI	ALOHACARE	H5969-002
KY	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC	H9730-003
KY	WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC	H9730-004
NY	HEALTHPLUS HP, LLC	H1732-001
NY	HEALTHPLUS HP, LLC	H1732-002
NY	METROPLUS HEALTH PLAN, INC.	H0423-001
NY	NEW YORK QUALITY HEALTHCARE CORPORATION	H5599-003
NY	NEW YORK QUALITY HEALTHCARE CORPORATION	H5599-006
NY	NEW YORK QUALITY HEALTHCARE CORPORATION	H5599-008
OR	ATRIO HEALTH PLANS	H3814-007

State	Legal Entity	Contract # / Plan ID
OR	ATRIO HEALTH PLANS	H5995-001
OR	HEALTH PLAN OF CAREOREGON, INC.	H5859-001
PA	PENNSYLVANIA HEALTH & WELLNESS, INC.	H2915-001
PA	PENNSYLVANIA HEALTH & WELLNESS, INC.	H2915-002
PA	PENNSYLVANIA HEALTH & WELLNESS, INC.	H2915-007
PA	UPMC FOR YOU, INC	H4279-001
PA	VISTA HEALTH PLAN, INC.	H4227-001
PA	VISTA HEALTH PLAN, INC.	H4227-002
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	AMERIGROUP TENNESSEE, INC.	H5828-001
TN	AMERIGROUP TENNESSEE, INC.	H5828-002
TN	AMERIGROUP TEXAS, INC.	H2593-021
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	VOLUNTEER STATE HEALTH PLAN	H3259-001
UT	HEALTH CHOICE UTAH, INC.	H9455-001
VA	COVENTRY HEALTH CARE OF VIRGINIA	H1610-001
VA	HEALTHKEEPERS, INC.	H3447-011
VA	HEALTHKEEPERS, INC.	H3447-012
VA	MAGELLAN COMPLETE CARE OF VIRGINIA, LLC	H7559-001
VA	OPTIMA HEALTH PLAN	H2563-004
VA	UNITEDHEALTHCARE OF THE MID-ATLANTIC, INC.	H7464-001