

Default enrollment is a process that allows eligible insurers to move newly Medicare-eligible Medicaid Managed Care (MMC) enrollees into a qualifying Medicare Dual-eligible Special Needs Plan (D-SNP).

Medicaid Managed Care (MMC): private plan that provides Medicaid benefits. Enrollees usually must use in-network providers or receive prior authorization from their plan before getting certain kinds of care. MMC plans may offer care coordination.

Dual-eligible Special Needs Plan (D-SNP): type of Medicare Advantage Plan for individuals enrolled in Medicare and Medicaid (dually eligible individuals). Like other Medicare Advantage Plans, D-SNPs typically require use of an in-network provider for Medicare services.

The Centers for Medicare & Medicaid Services (CMS) and the New York State Department of Health (NYSDOH) may approve MMC insurers that also offer a D-SNP (or certain D-SNP products, like Medicaid Advantage Plus) for default enrollment on a rolling basis.

Plans approved for default enrollment

Currently, default enrollment may apply to individuals enrolled in an MMC or a Health and Recovery Plan (HARP) who become eligible for Medicare due to age or disability. Below is a list of plans approved by CMS for use of default enrollment (as of January 2025).

- Individuals enrolled in the following MMC or HARP plans can be default enrolled into an aligned D-SNP (meaning they keep their MMC or HARP coverage):
 - Excellus Health Plan, Health Insurance Plan of Greater New York (dba EmblemHealth), MVP Health Plan, United Healthcare
- Individuals enrolled in the following MMC or HARP plans can be default enrolled into an aligned D-SNP (keep their MMC or HARP coverage). If the individual is receiving LTSS, they can be enrolled into the MAP plan (lose MMC or HARP coverage).
 - Fidelis, Healthfirst, MetroPlus, Molina Healthcare of New York

To view the list of plans approved by CMS for default enrollment, visit https://www.health.ny.gov/health_care/medicaid/redesign/duals/.

What is Medicaid Advantage Plus?

MAP is a type of integrated D-SNP combined with a managed long-term care plan offered through the same insurance company. In MAP, one plan administers Medicare, Medicaid, long-term care benefits, and drug coverage.

60-day notice

Insurers that are eligible to use default enrollment are required to send a notice to enrollees they identify for default enrollment no fewer than 60 days before the start date for their aligned D-SNP or MAP coverage. This start date matches the beneficiary's Medicare effective date. Notices should provide clear information comparing the beneficiary's new D-SNP and current MMC or HARP, including:

- Differences in benefits, premium costs, and cost-sharing
- Instructions for those interested in declining enrollment to instead choose Original Medicare or a different Medicare Advantage Plan

Individuals can opt out of default enrollment up until the calendar day prior to their enrollment effective date, which is also the individual's Medicare effective date.

Beneficiaries also have the option to change their coverage if they missed the opportunity to opt-out. Dually eligible individuals have access to a Special Enrollment Period (SEP) once per month to enroll in an integrated D-SNP. An integrated D-SNP is a type of Medicare Advantage Plan that meets certain requirements to provide Medicare and Medicaid benefits together. Beneficiaries also have an additional SEP once per month enroll in a stand-alone Part D plan. Individuals with Original Medicare can use this SEP to change their stand-alone Part D plan. Individuals with Medicare Advantage Plans can use this SEP to switch to Original Medicare with a stand-alone Part D plan. Disenrolling from the D-SNP also means losing HARP or MMC coverage. Individuals receiving LTSS should consider other options (such as PACE or managed long-term care) to avoid interruptions in their LTSS care.

Continuity of care

New enrollees are entitled to 60 days of continuity of care. This allows them to continue receiving services from providers outside of their D-SNP's network. Enrollees must be under an episode of care with the provider to receive coverage for services. Information regarding continuity of care rights should be included in the MMC or HARP member materials for individuals remaining in the plan.

Case example: Ms. L is 64 years old and has an MMC plan from Health Plan A. She does not need LTSS. She turns 65 on May 17 and is eligible for Medicare effective May 1. By around March 1, Ms. L should receive a notice from Health Plan A explaining that she will automatically receive aligned D-SNP coverage starting on May 1 unless she declines it. The notice should explain how her D-SNP coverage will differ from her current MMC plan's coverage and provide instructions for choosing alternative coverage. On May 1, if Ms. L makes no changes she should be enrolled into a Health Plan A D-SNP and retain MMC coverage.

Individuals who have questions about default enrollment or need help navigating their long-term care coverage options in New York State should contact the Medicare Rights Center at 800-333-4114.