

Table 12.10
Changes in Access to or Coverage Under a Zero Premium Plan:
Calendar Years 1999-2011

Year	Medicare+Choice/Medicare Advantage Coordinated Care Plans (CCP)	
	Overall Medicare Population with Access to Zero Premium	Enrollees with Zero Premium Plan
	Percent	
1999	61	68
2000	53	61
2001	39	45
2002	34	39
2003	29	38
2004	40	48 ¹
2005	42	58 ¹
2006	61	52 ²
2007	69	50 ^{2, 3}
2008	80 ⁴	51 ^{2, 3}
2009	81 ⁴	52 ^{2, 3}
2010	81 ⁴	50 ^{2, 3}
2011	76 ⁴	48 ^{2, 3}

¹A change in methodology applies beginning in 2004. Because health plans are reporting enrollments by benefit package to CMS when an organization offers more than one benefit package in a given county, the 2004 and 2005 figures for enrollees choosing Zero-premium plans show enrollment at the actual "plan" level (that is, by benefit package). In prior years, enrollees were assigned to Zero-premium plans if one was offered by the organization in the county of residence of the individual. The figures for 2004 and 2005 would be a higher number if the methodology used in prior years were continued for 2004 and thereafter.

²For 2006-current year of reporting the following conventions were observed: Zero premium refers to both zero Part C premium and zero Part D premium for MA-PD plans, or, zero Part C premium for MA-only plans. CCP includes Special Needs Plans (SNP), but excludes Employer only plans. Only plans with plan type Health Maintenance Organizations (HMO), HMO Point of Service (HMOPOS), Preferred Provider Organizations (PPO), and Provider Sponsored Organizations (PSO) were included in the analysis. Enrollee coverage is percent of actual CCP enrollment with zero premium.

³For 2007-current year of reporting the Part B only plans were excluded from the computation of the Medicare population access (since no new Part B enrollees are allowed and consequently access to new enrollees is not provided). The effect of this exclusion was negligible since there are so few Part B only enrollees.

⁴Eligibles consist of all December Part D eligibles (Part A or Part B eligibles) that reside in the 50 states, the District of Columbia, or the protectorates. Eligibles with miscoded counties were excluded.

NOTES: The 2005 data are as of March 2005. The 2006-current year of reporting, data are as of December of that year.

SOURCES: Centers for Medicare & Medicaid Services, Center for Drug and Health Plan Choice: Analysis of submitted bids from the Health Plan Management System (HPMS); data development by the Office of Information Products and Data Analytics.