

**Table 74**  
**Health Maintenance Organization Enrollment Growth, Medicare and**  
**Non-Medicare: Selected Calendar Years 1991-2003**

Year	Medicare Enrollment	Non-Medicare Enrollment
<b>All Beneficiaries</b>	Number in Millions	
1991	2.0	36.5
1994	2.9	47.1
1995	3.6	53.4
1996	4.4	63.3
1997	5.7	72.1
1998	6.4	78.6
1999	6.7	80.5
2000	6.5	78.9
2001	5.9	78.0
2002	5.2	74.2
2003	5.0	NA

NOTES: Medicare enrollment numbers are for September of each year, except in 1996 (August data), and 2003 (May data). Medicare figures include private health plans other than private fee-for-service and demonstration plans. However, the Medicare Preferred Provider Organization (PPO) demonstrations that began in 2003 are included. Inclusion of non-HMO health care prepayment plans (1991-1998) slightly overstates Medicare HMO enrollment. Non-Medicare numbers are Interstudy numbers for July of each year, less stated Medicare numbers. NA is not available.

SOURCE: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information; Interstudy, 1991-2003.

**Table 75**  
**Percent of Medicare Population with Access to at Least One**  
**Medicare + Choice (M+C) Risk (1993-2003), M+C Private**  
**Fee-for-Service (PFFS) (2000-2003), or M+C Plan of Either Type (2000-2003)**

Year	Population with Risk/M+C CCP Access	Population with M+C PFFS Access <sup>1</sup> Percent	Population with M+C Plan of Either Type
1993	49	---	49
1994	57	---	57
1995	61	---	61
1996	68	---	68
1997	72	---	72
1998	74	---	74
1999	72	---	72
2000	69	38	84
2001	63	38	82
2002	62	36	79
2003	59	36	79

<sup>1</sup>PFFS became available in 2000.

NOTES: CCP is coordinated care plan. --- is not applicable.

SOURCE: Centers for Medicare & Medicaid Services: Analysis of enrollment data from the Plan Information Control System, 1993-2003; data development by the Office of Research, Development, and Information.

**Table 76**  
**Medicare Risk (Medicare+Choice) Contracts:**  
**Calendar Years 1987-2003**

Year	Risk Contracts
1987	161
1988	154
1989	131
1990	96
1991	93
1992	96
1993	110
1994	148
1995	181
1996	241
1997	307
1998	346
1999	309
2000	266
2001	179
2002	152
2003	149

NOTES: Data are as of December of each year, except for 2003 which are for May.  
 Data for 2002 does not include three Medicare+Choice payment demonstration projects.

SOURCE: Centers for Medicare & Medicaid Services: Data from the Monthly Managed Care Reports, 1987-2003; data development by the Office of Research, Development, and Information.

**Table 77**  
**Risk Contracts Non-Renewals, by Percent of Plans:**  
**Calendar Years 1986-2002**

Year	Non-Renewals Percent
1986	5
1987	18
1988	22
1989	29
1990	15
1991	13
1992	8
1993	4
1994	1
1995	0
1996	1
1997	3
1998	13
1999	13
2000	25
2001	13
2002	6

NOTES: Refers only to risk non-renewals (including conversion to cost plans), not service area reductions. The 1989 figure includes 29 plans that had no enrollees. The percent for 1995 was less than 1. The data for 1999 are based on the number of plans as of August 1999. The data for 2000 and 2001 are adjusted for contract consolidations (23 in 2001; 3 in 2002). The data for 2002 include one Medicare+Choice alternative payment demonstration project.

SOURCE: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information: Analysis of Non-Renewal Reports, 1986-2002.

**Table 78**  
**Number of Medicare+Choice Coordinated Care Plans Available**  
**to Beneficiaries: Calendar Years 1998 and 2003**

Plan	1998	Percent	2003
0	26		41
1 Only	11		20
2 to 4	25		29
5 to 9	24		10
10 or More	15		1

NOTE: Percents may not add to 100 because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information: Analysis of Medicare Compare and Geographic Service Area Report data, 1998 and 2003.

**Table 79**  
**Percent Distribution of Disabled and Aged Beneficiaries in Medicare+Choice (M+C)**  
**Coordinated Care Plans (CCPs) and Fee-for-Service: March 2003**

Enrollment	Total	Aged Percent	Disabled
M+C CCP	100.0	93.4	6.6
Fee-for-Service	100.0	81.3	18.7

SOURCE: Centers for Medicare & Medicaid Services: Analysis of enrollment data from the Plan Information Control System, 2003; data development by the Office of Research, Development, and Information.

**Table 80**  
**Percent Distribution of Medicare Beneficiaries, Medicare+Choice (M+C)**  
**Coordinated Care Plans (CCPs) Versus Fee-for-Service: March 2003**

Beneficiary	M+C CCP	Percent	Fee-for-Service
Total	100		100
<b>Disabled</b>			
<b>Male</b>			
Under 35 Years	2		5
35-44 Years	6		11
45-54 Years	14		16
55-59 Years	12		9
60-64 Years	17		13
<b>Female</b>			
Under 35 Years	1		4
35-44 Years	5		8
45-54 Years	13		13
55-59 Years	12		8
60-64 Years	17		13
<b>Aged</b>			
<b>Male</b>			
65-69 Years	11		13
70-74 Years	12		11
75-79 Years	9		9
80-84 Years	6		6
85 Years or Over	4		4
<b>Female</b>			
65-69 Years	14		14
70-74 Years	15		13
75-79 Years	13		12
80-84 Years	9		9
85 Years or Over	7		9

NOTE: Percents may not add to 100 because of rounding.

SOURCE: Centers for Medicare & Medicaid Services: Analysis of enrollment data from the Plan Information Control System, 2003; data development by the Office of Research, Development, and Information.

**Table 81**  
**Medicare+Choice (M+C) and Other Private Health Plan**  
**Penetration, by State (Percent of Medicare Beneficiaries**  
**Enrolled): March 2003**

State	Health Plan Penetration Percent	State	Health Plan Penetration Percent
Alabama	6.3	Missouri	12.4
Alaska	0.3	Montana	0.3
Arizona	28.3	Nebraska	3.6
Arkansas	0.5	Nevada	29.2
California	32.4	New Hampshire	0.8
Colorado	26.9	New Jersey	7.5
Connecticut	5.6	New Mexico	14.9
Delaware	0.5	New York	16.5
District of Columbia	6.1	North Carolina	3.8
Florida	18.3	North Dakota	0.7
Georgia	3.8	Ohio	13.4
Hawaii	33.3	Oklahoma	7.8
Idaho	9.1	Oregon	32.6
Illinois	5.1	Pennsylvania	23.4
Indiana	2.0	Rhode Island	32.5
Iowa	3.3	South Carolina	0.2
Kansas	3.5	South Dakota	0.1
Kentucky	2.9	Tennessee	6.2
Louisiana	10.8	Texas	6.7
Maine	0.1	Utah	3.1
Maryland	3.1	Vermont	0.1
Massachusetts	17.7	Virginia	1.9
Michigan	1.8	Washington	16.8
Minnesota	12.7	West Virginia	6.6
Mississippi	0.5	Wisconsin	3.4
		Wyoming	1.7

SOURCE: Centers for Medicare & Medicaid Services: Market Penetration - Quarterly State/County Data File, March 2003; data development by the Office of Research, Development, and Information.



**Table 82**  
**Historical Prevalence of Zero Premiums and Drug Coverage in Medicare**  
**Risk/Medicare+Choice Contracts: Calendar Years 1987-1998**

Year	Contracts with	
	Zero Premium Basic Package	Drugs in Basic Package
	Percent	
1987	10	NA
1988	13	NA
1989	9	NA
1990	18	35
1991	25	33
1992	23	NA
1993	25	32
1994	33	38
1995	51	50
1996	65	61
1997	69	68
1998	70	67

NOTE: NA is not available.

SOURCES: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information: Analysis of Monthly Managed Care Reports for 1990-1998 and the adjusted community rate proposals for 1987-1989.

**Table 83**  
**Decline in Access to or Coverage Under a Zero Premium Plan:**  
**Calendar Years 1999-2003**

Year	Medicare+Choice Coordinated Care Plans	
	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

SOURCES: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information and MedPAC: Analysis of Medicare Compare and Health Plan Management System data.

**Table 84**  
**Access to Medicare+Choice (M+C) Coordinated Care Plans (CCPs), M+C Private**  
**Fee-for-Service (PFFS) Plans, or Preferred Provider Organization (PPO) Demonstration Projects**  
**Rural Areas, by Type of Coverage: Calendar Years 1999-2003**

Year	Any M+C CCP or PFFS Plan or PPO Demo Plan	Any M+C CCP Plan	Zero Premium Plan  Percent	Plan with Drug Coverage
1999	---	23	14	19
2000	62	21	9	16
2001 <sup>1</sup>	60	14	4	8
2002	59	13	2	9
2003	59	13	2	8

<sup>1</sup>Includes 53 counties, with 99,000 beneficiaries, where PFFS became available in December 2001.

NOTES: There are no rural PFFS or PPO demo plans offering zero premium products in rural areas. PFFS became available in 2000; PPO demos became available in 2003.

SOURCES: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information: Analysis of Health Plan Management System data and M+C rates; MedPAC Annual Reports 1999 and 2000.