

Table 74
Health Maintenance Organization (HMO) Enrollment Growth, Medicare and
Non-Medicare: Selected Calendar Years 1991-2004

Year	Medicare Enrollment	Non-Medicare Enrollment
All Beneficiaries	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	65.0
2004	5.1	NA

NOTES: Medicare enrollment numbers are for September of each year, except in 1996 (August data). Medicare figures include private health plans other than private fee-for-service and demonstration plans. However, the Medicare Preferred Provider Organization 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, 1991-2004.

Table 75
Percent of Medicare Population with Access to at Least One
Medicare+Choice (M+C) Risk (1993-2004), M+C Private
Fee-for-Service (PFFS) (2000-2004), or M+C Plan of Either Type (2000-2004)

Year	Population with Risk/M+C CCP Access	Population with M+C PFFS Access ¹ Percent	Population with M+C Plan of Either Type
1993	49	NA	49
1994	57	NA	57
1995	61	NA	61
1996	68	NA	68
1997	72	NA	72
1998	74	NA	74
1999	72	NA	72
2000	69	38	84
2001	63	38	82
2002	62	36	79
2003	59	36	79
2004	61	31	75

¹PFFS became available in 2000.

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

SOURCE: Centers for Medicare & Medicaid Services: Analysis of plan data from the Plan Information Control System, 1993-2004; Geographic Service Area Reports, 2000-2004; data development by Office of Research, Development, and Information.

Table 76
Medicare Risk (Medicare+Choice) Contracts:
Calendar Years 1987-2004

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	151
2004	151

NOTES: Data are as of December of each year, except for 2004 which are for September. 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, 1987-2004; data development by the Office of Research, Development, and Information.

Table 77
Risk Contracts Non-Renewals, by Percent of Plans:
Calendar Years 1986-2003

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
2003	4

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, 1986-2003.

Table 78
Number of Medicare+Choice Coordinated Care Plans (CCPs)
Available to Beneficiaries: Calendar Years 1998 and 2004

Plan	1998	Percent	2004
0	26		39
1 Only	11		18
2 to 4	25		31
5 to 9	24		8
10 or More	15		3

NOTES: Percents may not add to 100 because of rounding. CCP only, excluding plans available only to employer or union-sponsored retirees.

SOURCE: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information: Analysis of Medicare Compare and Geographic Service Area Report data, 1998 and 2004.

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 plan data from the Plan Information Control System, 2003; data development by the Office of Research, Development, and Information.

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

Beneficiary	M+C CCP	Percent	Fee-for-Service
Disabled	100		100
Male			
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
Female			
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
Aged	100		100
Male			
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
Female			
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 plan 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): June 2004

State	Health Plan Penetration Percent	State	Health Plan Penetration Percent
Alabama	7.0	Missouri	12.0
Alaska	0.2	Montana	0.3
Arizona	26.7	Nebraska	3.8
Arkansas	0.3	Nevada	28.0
California	31.3	New Hampshire	0.7
Colorado	26.2	New Jersey	7.2
Connecticut	5.3	New Mexico	15.1
Delaware	0.4	New York	17.3
District of Columbia	6.2	North Carolina	4.2
Florida	18.1	North Dakota	0.9
Georgia	1.7	Ohio	12.5
Hawaii	32.4	Oklahoma	7.5
Idaho	9.5	Oregon	31.6
Illinois	4.9	Pennsylvania	23.6
Indiana	2.1	Rhode Island	32.5
Iowa	4.0	South Carolina	0.2
Kansas	3.3	South Dakota	0.2
Kentucky	2.7	Tennessee	7.3
Louisiana	10.5	Texas	6.6
Maine	0.1	Utah	3.0
Maryland	3.7	Vermont	0.0
Massachusetts	16.3	Virginia	1.9
Michigan	1.4	Washington	15.6
Minnesota	13.7	West Virginia	6.4
Mississippi	0.3	Wisconsin	5.3
		Wyoming	1.6

SOURCE: Centers for Medicare & Medicaid Services: Market Penetration - Quarterly State/County Data File, June 2004.

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
Changes in Access to or Coverage Under a Zero Premium Plan:
Calendar Years 1999-2004

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
2004	40	48 ¹

¹ A change in methodology applies 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 figure for enrollees choosing zero premium plans is 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 48 percent figure for 2004 would be a higher number if the methodology used in prior years were continued for 2004.

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 1999-2004

Year	Any M+C CCP or PFFS Plan or PPO Demo Plan	Any M+C CCP Plan	Zero Premium Plan	Plan with Drug Coverage
			Percent	
1999	---	23	14	19
2000	62	21	9	16
2001 ¹	60	14	4	8
2002	59	13	2	9
2003	59	13	2	8
2004 ²	62	15	13	26

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

²The 2004 data reflect the reclassification of the metropolitan statistical area (MSA) status of a number of counties. There was a net reduction in the number of Medicare beneficiaries residing in non-MSA (rural) counties of about one million. About 1.5 million beneficiaries were in the counties changing from non-MSA to MSA status, and about half a million beneficiaries were in counties that changed from MSA status to non-MSA status (generally because of being assigned to the new category of micropolitan areas).

NOTES: PFFS plans began offering zero premium products, and drug coverage, in some rural areas in 2004. Access to zero premium plans in rural areas is composed of 5 percent from CCP plans and the remainder (about 8 percent) from PFFS plans, with an overlap of 0.5 percent (rural counties with both PFFS and CCP zero premium plans). PFFS became available in 2000; PPO demonstrations 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.