

**Table 12.2**  
**Percent of Medicare Population with Access to at Least One Risk/  
 Medicare+Choice (M+C)/Medicare Advantage (MA) CCP (1993-2006), M+C Private  
 Fee-for-Service (PFFS) (2000-2006), or M+C/MA Plan of Either Type (2000-2006)**

Year	Population with	Population with	Population with Access to
	Risk/M+C/MA CCP Access	M+C PFFS Access	M+C/MA Plan of Either Type
	Percent		
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
2005	79	76	97
2006	80	81	99

NOTES: PFFS became available in 2000. The 2005 and 2006 data are as of December. CCP is coordinated care plans which include Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), Provider Sponsored Organizations (PSO), and PPO demonstrations (Medical Savings Account plans (MSA) and Regional PPOs (RPPO) were not included). Plans available only to employer or union retirees were excluded from computation of access. Special Needs Plans (SNP) were included in computation of access. NA is not applicable.

SOURCES: Centers for Medicare & Medicaid Services: Analysis of plan data from the Plan Information Control System, 1993-2000; Geographic Service Area Reports, 2000-2005; Health Plan Management System (HPMS) 2006; data development by the Office of Research, Development, and Information.