

**Table 12.2**  
**Percent of Medicare Population with Access to at Least One Risk/  
Medicare+Choice (M+C)/Medicare Advantage (MA) CCP (1993-2012), Private  
Fee-for-Service (PFFS) (2000-2012), or M+C/MA Plan of Either Type (2000-2012)**

Year	Population with Risk/M+C/MA CCP Access	Population with M+C/MA PFFS Access	Population with Access to 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
2007	83	100	100
2008	90	100	100
2009	90	100	100
2010	92	100	100
2011	93	61	99
2012	94	61	99

NOTES: PFFS became available in 2000. For 2005 and after, data are as of December and eligibles include Part D eligibles (Part A or Part B eligibles) as of the previous December, that reside in the 50 states, the District of Columbia, or the protectorates. CCP refers to coordinated care plans which include Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), Provider Sponsored Organizations (PSO), and prior to 2006, 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. PFFS plans include Religious Fraternal Benefit (RFB)-PFFS plans. NA is not applicable.

SOURCES: Centers for Medicare & Medicaid Services, Center for Drug and Health Plan Choice: Analysis of plan data from the Plan Information Control System, 1993-2000; Geographic Service Area Reports, 2000-2005; Health Plan Management System (HPMS) 2006-current year of reporting.