

Health Care Delivery Covered Lives – Summary of Findings

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Introduction

The Health Care Delivery Policy Program at Harvard University’s John F. Kennedy School of Government’s Mossavar-Rahmani Center for Business and Government tracks enrollment in and lives covered by health insurance products. Statistical sources include reports, press releases, Securities and Exchange Commission filings from insurers, articles from newspapers, magazines and journals, statistical studies, and reports and charts from governmental sources (Centers for Medicare and Medicaid Services, State Children’s Health Insurance Program, etc.), health care industry consultants and analysts (Interstudy, Verispan, Merrill Lynch, etc) and original articles and presentations by the Health Care Delivery Policy Program.

Project Scope

This project researches and reports the number of individual lives covered by various health insurance organizations in the United States. What differentiates this project from the HCDP’s [Customers by Market Segment](#) project is that this project follows health insurance enrollment in products produced by distinct (although at times interrelated) entities, while the *Customers* project tracks how many Americans receive health care through various delivery mechanisms. The *Customers* project looks at how many people receive health care through their employers, private plans, Medicare, Medicaid, etc., as well as the number of people without health insurance (uninsured). We have used this data to estimate covered lives. This project examines the commercial health insurance companies covering the greatest number of lives, and the suppliers of federal/public health insurance plans.

Figure 1. Health Insurance Plans and Programs Included in this Project*

<p><u>Medicare</u></p> <ul style="list-style-type: none"> ▪ Original Medicare Plan ▪ Medicare Part A and B ▪ Medicare Part C (Advantage) ▪ Medicare Part D (Prescription Drug) ▪ Medigap ▪ Medicare Special Needs Plan ▪ Medicare Extra Help ▪ Medicare PACE <p><u>Other Public</u></p> <ul style="list-style-type: none"> ▪ SCHIP ▪ Indian Health Care ▪ Fed Employee Health Benefit Prgrm <p><u>COBRA</u></p>	<p><u>Medicaid</u></p> <ul style="list-style-type: none"> ▪ Low-Income ▪ Disabled ▪ Medicaid Managed Care <p><u>Military Health Care</u></p> <ul style="list-style-type: none"> ▪ VA Health Care ▪ TRICARE/CHAMPUS/CHAMPVA <p><u>Private Insurers</u></p> <ul style="list-style-type: none"> ▪ Aetna ▪ Anthem (through 2004) ▪ BCBSA ▪ CIGNA ▪ Humana ▪ Kaiser Permanente ▪ UnitedHealth ▪ WellPoint
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*Plans and programs available at the time of publication of this report. Please note that plan names and scope often change and new products are introduced to the market regularly.

Enrollment Data Sources

There is no national databank containing enrollment figures for all the public and private health insurers in the United States, nor even a single database linking all the federal programs. The Centers for Medicare and Medicaid Services (CMS) collects enrollment data on many, but not all, federal programs. The US government does not require private health insurers to submit their enrollment figures or report them to the public.

The major governmental survey tools that track health insurance coverage, such as the Current Population Survey (CPS), the National Health Interview Survey (NHIS), etc., ask individuals general questions about insurance coverage, to provide estimates based on small numbers of participants (the CPS surveys only about 130,000 people). Enrollment estimates reported in these representative surveys are based on a sample size of less than 1% of the total US population. While the CPS provides estimates of public and private coverage, the survey is not designed to determine how many participants receive their coverage through CIGNA, Kaiser Permanente, Humana, or any of the other specific health plans available.

Researchers can obtain enrollment information from insurers directly. For example, to report trends in enrollment in Medicare Managed Care and Traditional Medicare, the Kaiser Family Foundation obtained data from the Medicare Managed Care Contract Plans Monthly Summary Reports for each year, and by personal communication with the CMS Office of the Actuary.⁴³ Many health plans and programs list coverage statistics on their websites, often on their homepage or “About Us” page.

Company filings with the US Security and Exchange Commission (SEC), including Annual Reports (10-K’s) and Quarterly Reports (10-Q’s) are available online through the [Edgar database](#). While the reports may be difficult to understand for those without a financial background, SEC filings often list the most accurate and current membership estimates available from the company’s own actuarial data. While there are no standards as to how membership data should be reported, SEC filings often provide a detailed breakdown of enrollment by membership categories. However, even these numbers are only considered to be *estimates*.

Industry consultants that publish and sell reports are motivated by market forces to devise data accuracy and quality measures. For example, to compile the *HMO Industry Summary* report, Verispan, LLC conducted mail and telephone surveys with the various plans, with additional research/follow-up and a review from Forte Information Resources.³⁷

Defining a “Member”

The greatest challenge in researching covered lives is in defining what constitutes a *member* of a health plan. Some plans differentiate between “total” and “medical” members, while others divide their membership into “specialty” or “indemnity” categories. For example, Humana reported having approximately 7.0 million members in medical insurance programs, as well as approximately 1.7 million members in specialty products programs in 2004.³⁸

In addition, private plans offer various types of coverage – HMO, PPO, POS, EPO, etc. Types of membership can be as specific as: Group/Commercial with and without Gatekeeper or HMO Point of Service (Open-Ended). Public plans like Medicare offer various types of coverage options, including Medicare Managed Care and Fee for Service. Sometimes the distinctions are difficult to understand – in a CIGNA financial report, the company defines HMO operations to include “medical and dental managed care and specialty health care operations” and indemnity operations to include “medical and dental indemnity products as well as group disability and life insurance products associated with certain experience-rated health care accounts.”²¹

Types of members are often “reclassified” by insurance companies. CIGNA’s 10-Q explained that in the first quarter of 2006, “approximately 84,000 CIGNA members were reclassified from experience-rated to service.”¹⁹ 2005 enrollment data for WellPoint was reclassified “to conform to the current presentation of membership related to minimum premium amendments to fully-insured contracts. This reclassification resulted in a 350,000 member increase in self-funded enrollment at December 31, 2005, and a corresponding decrease in fully-insured enrollment, with no impact on total enrollment from that which was previously reported.”⁷⁹

Here are some examples of variance in membership terminology:

1. Aetna's enrollment was 13,002,000 in 2003.⁶³ In 2003, Aetna covered approximately 13 million medical members. Aetna also provided dental indemnity, PPO and DMO coverage to about 11 million members.⁵ As of December 31, 2005, Aetna had 14.65 million medical members, 13.03 million dental members, 9.34 million pharmacy members and 13.68 million group insurance members.¹⁶
2. In CIGNA Corp’s 2006 Form 10-Q, the company used all of the following terms to describe and count their membership: medical, guaranteed cost, commercial HMO, Medicare, experience rated, service, other and total medical membership.¹⁹
3. In 2003, there were 40,489,000 Medicare enrollees, according to the CMS. 4,583,501 were enrolled in Medicare + Choice and 5,304,299 were prepaid enrollees.⁵⁶
4. In 2003, UnitedHealth Group insured 18 million Americans, and provided services to 50 million Americans, such as organ transplants, clinical trials and home care.³⁶

In the first example, one analyst was looking at Aetna's "medical" members, while another included "dental" and "group" members. A researcher can't just add the healthcare, dental and group figures up for a grand total of 42.9 million covered lives, because it is possible that many people have both healthcare and dental coverage through Aetna and would be counted twice. The last three groups of figures from this example are from Aetna's own website. One wonders why PPO members are separated from "medical" members, and if any of the individuals in the second group also belonged to the first group.

Example two shows that CIGNA describes their membership differently than Aetna, so it is difficult to compare both companies' "medical" memberships for a given year. Example three demonstrates that governmental programs use categories that bear scant resemblance to the private sector. The final example brings up the larger issue of health coverage – does the concept just mean health insurance coverage or can it be the provision of any health service?

Terminology can be perplexing for those trying to interpret data on covered lives. For example, Kaiser Permanente reported that 8.4 million members were "voluntarily enrolled" as of December 2005,⁴⁵ leading to speculation as to whether there were other members possibly enrolled through an "involuntary" mechanism.

The healthcare industry is becoming increasingly more complex, which makes defining a "member" more and more challenging. In 2006, UnitedHealth reported data on the following types of members: risk-based, risk-based commercial, fee-based, fee-based commercial, federal/state/municipal governments, individual consumers, business-to-business, Medicaid, Medicaid risk-based, Medicaid fee-based, Medicare Advantage, total Medicare Part D, consumer-directed health plans, and health care services, as well as a "grand total".⁷¹

Federal Health Insurance Programs

Health insurance products provided by the United States government include, but are not limited to: Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), military health care programs (TRICARE/CHAMPUS/CHAMPVA), Indian Health Service (IHS) and the Federal Employee Health Benefits Program (FEHB). Many of the governmental survey tools (CPS, SIPP, NHIS, MEPS, etc.) provide estimates of how many Americans are covered through these programs. The *Customers by Market Segment* project uncovered wide variations in statistics, through both survey results and data reported by federal agencies. Between 2003-2007, we found the following published ranges of membership, enrollment and/or eligibility: Medicare (39 - 43 million), Medicaid (32.4 - 53 million), SCHIP (5.8 - 6.5 million), TRICARE/CHAMPUS/CHAMPVA (2.6 - 9 million), Indian Health Services (1.5 - 3.3 million) and the Federal Employee Health Benefits Program (4 - 9 million).

There are a number of factors that may account for the variations:

1. **Sample size and scope of survey estimates** - The CPS, SIPP, NHIS, MEPS and other nationally representative studies survey less than 1% of the total US population of approximately 301 million individuals. They also cover various time spans (past 4 months, past 12 months, etc.) and frame their questions differently to obtain specific types of coverage information. With the increased interest in and awareness of issues surrounding the uninsured, survey planners have been incorporating questions about the scope and time period of coverage to obtain more useful data on covered lives. Participants may be asked if they have a particular type of coverage at the time of the survey, if they were covered any time within the survey period, or for the entire survey period.
2. **Eligible vs. enrolled** - If an individual is eligible for (entitled to) governmental health insurance, but does not choose to enroll in or utilize the program, should they be counted among the program's covered lives? For example, the Indian Health Service program operated a health service delivery system for approximately 1.6 million of the nation's estimated 2.6 million American Indians and Alaska Natives in 2006.⁴⁰ Presumably, all 2.6 million were eligible for the program, but should analysts count the 1.6 million who received health services or the 2.6 million who were eligible for the benefit as covered? Individuals can also be eligible for multiple programs, but may not choose to enroll in all of them. Only 8 million people had Medicare as their sole source of health insurance coverage in 2003, but there were many more people covered by Medicare plus additional product(s).⁶⁵
3. **Separate vs. combined programs** - Sometimes SCHIP data is included in Medicaid counts, but other times SCHIP and Medicaid are reported as separate, stand-alone products. The purpose of SCHIP is to provide healthcare coverage to children who live in families that earn too much to qualify for Medicaid, but cannot afford private health insurance. CMS has attempted to break down the SCHIP/Medicaid membership, but it is still hard to understand the relationship between the products (one report lists that in 2005, there were 1,701,073 children enrolled in SCHIP Separate Child Health Programs and 4,412,945 children enrolled in SCHIP Medicaid Expansion Programs.)⁶⁶
4. **Overlap of public and private health insurance** - Many individuals and families buy their own individual, private policies even though they receive health care benefits through the government. Public programs offer products with a private component as well. Medicare and Medicaid Managed Care are substantial programs and have been estimated to cover over

25 million individuals each year.^{43,44} The *New York Times* reported that over 7 million people subscribed to private Medicare plans in 2006.³¹ Breakdowns of commercial insurer's enrollments show sizable segments of Medicare and Medicaid coverage too. For example, Aetna covered an estimated 105,000 Medicare enrollees in 2003.⁶³ Estimates from 2003 show that Medicare covered 40.5-41.4 million people,⁴³ while Aetna covered 11.5-24 million people^{6,63} Should Aetna's 105,000 Medicare enrollees be counted as covered by Aetna, Medicare, or both?

5. **Which metric is collected?** There are numerous terms used to describe an individual who receives insurance benefits from a health plan, including: member, subscriber/dependent, insured party, enrollee, beneficiary and covered life. There are no standard definitions for any of these terms and they are often used interchangeably. Here is an example where delineation of terms results in a wide variance in numbers: The CMS Office of the Actuary defines beneficiaries as "enrollees on behalf of whom at least one payment was made during the fiscal year". CMS reported that there were 41.4 million enrollees and 53.3 million beneficiaries in 2003 and a projected 42.4 million enrollees and 54.6 million beneficiaries in 2004.²⁶ "Enrollees" and "beneficiaries" are both often used to describe how many Americans are "covered" by Medicaid. Certainly, a difference of 12.2 million people is noteworthy in any analysis, and the importance of standardization of terminology is clearly apparent.

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) allows certain workers leaving their jobs to retain healthcare coverage through their former employer's plan by paying the entire premium cost plus an administrative fee. However, COBRA itself is not a health insurer and people are still covered through the private insurers they subscribed to while employed. No national organization reports current data on the number of COBRA beneficiaries. Spencer's COBRA Survey estimates coverage through an Internet/email survey of only 122 businesses.¹⁴ Using the 2001 CPS, 2000 MEPS and 1996 SIPP, the US Department of Labor estimated that COBRA covered about 111 million beneficiaries and their dependents in 2004.¹

Private Insurers

There are a large number of private/commercial health insurance companies in the United States. In 2005, 456 health maintenance organizations in the US enrolled 76.7 million HMO members.³⁷ In 2007, the trade industry association America's Health Insurance Plans represented nearly 1,300 member companies.³

The private health insurance industry also includes Preferred Provider Organizations (PPO), Point of Service Plans (POS), indemnity plans, group plans, and a host of companies selling niche products, from travel health insurance to health savings accounts. A Google search on *health insurance* performed on March 4, 2007 listed 32,700,000 results, including many guides to help consumers find health insurance companies. Individuals, families and employers can purchase health insurance from smaller, regional agencies, such as the Chinese Community Health Plan or Rocky Mountain Health Plans, or from Internet-only companies, such as eHealth Insurance or the Internet Insurance Agency, Inc. The bottom line is that nobody has developed a feasible or practical way to track the number of lives covered by each of the denizens of health insurers to produce a comprehensive report or database. Figure 2 displays the ranges found by this project (including SEC filings) of the eight largest private health insurance companies in the United States.

Fluctuations are common in enrollment trends, as members are added, dropped or undergo status changes on a daily basis. Aetna, for example, had a number of years with variability in enrollment, dropping from 19.3 to 13 million members between 2000-2004.⁶³

Results for the first quarter of a year may vary significantly from the third or fourth quarters. The following example compares two SEC reports of CIGNA's medical membership for the year 2006:¹⁹

1. 9,018 million members – 1st quarter ending March 31, 2006
2. 9,321 million members – 3rd quarter ending September 30, 2006

Another factor to consider in understanding covered lives statistics is the transitory nature of industry. Companies can merge, be acquired, and form business alliances, groups or agreements. Golden Rule is an insurance company owned by UnitedHealth Group – should their enrollees be considered covered by Golden Rule or UnitedHealth? Sometimes business arrangements result in a substantially larger number of covered lives in the course of a single year. In 2004, Anthem and Wellpoint merged for a total of 28 million medical members,¹¹ approximately doubling their individual counts of covered lives. WellPoint acquired WellChoice in 2005, further increasing their medical membership by 4.8 million members.⁷⁹

Companies may start new product lines that can account for increases in their membership. UnitedHealth Group had 18 million managed care members in 2004, and added 500,000 members with the purchase of Definity Health,³⁰ one of the first companies to roll out an HSA product. In 2006, UnitedHealth Group reported an increase in 15 million members over its enrollment in 2005, due to the growth of its businesses: Uniprise, John Deere Health Care, AmeriChoice, PacifiCare, Medicaid, Medicare Advantage and Ovations.⁷¹

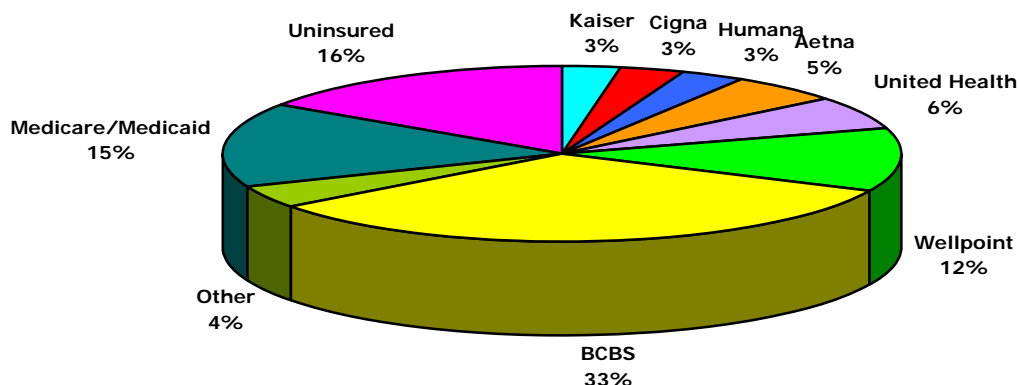
As new health insurance products, such as HSAs, MSAs, HRAs, etc., are rolled out at a breakneck speed, the trends in covered lives will undoubtedly reflect a rapidly evolving marketplace.

Figure 2 – Trends in Private Health Insurance Coverage, 2003-2007

Insurer	2003	2004	2005	2006	2007
Aetna	13-24 million ⁶	13.6 ¹⁰ –13.7 million ²³	13.6 ⁵⁸ – 50.7 million ¹⁶	15.4 million ^{9, 32}	15.5–54.3 million ¹⁶
Anthem	12.6 million ⁶³	<i>Merged and became Wellpoint 11/04</i>			
BCBSA	84.7 million ⁸¹	>88 million ³⁴	>88 ²³ - >92 million ³⁵	>94 million ³⁵	>98 million ^{22, 35}
CIGNA	11.5 ⁶³ - 13.1 million ²¹	9.9 million ²¹	9 ¹⁹ - 9.7 million ⁵⁸	9.1 – 9.3 million ¹⁹	9.4 million ²⁰
Humana	6.8-7.5 million ³⁸	7 – 8.7 million ³⁸	7.1 million ³⁹	11.3 million ³⁹	9 million ⁴
Kaiser	8.2 million ⁵⁰	8.3 million ⁶⁴	8.2 ⁵ – 8.4 million ⁴⁴	8.4 million ⁸⁰	8.2 ²⁹ – 8.6 million ⁶⁸
UnitedHealth	18 - 50 million ³⁶	>18 ^{30, 7} -19.3 million ⁵⁸	>18 ^{58, 70} – 55 million ⁷¹	>50 ⁷⁰ – 70 million ⁷¹	>18 million ⁷⁰
Wellpoint	14-50 million ⁵	28 million ¹¹	28 ⁵⁸ –28.5 million ⁷⁹	28 ⁸⁰ –34.2million ^{77,79}	34 million ⁷⁶
Total *	168.8-250.1 million	172.8 - 175.9 million	171.9–242.7 million	216.2 – 242.6 million	192.1 – 231.1 million

* Note, some individuals may be insured by more than one of the companies listed above and may be counted more than once.

Figure 3 - Percentage of US Population Covered by Health Insurance, 2007

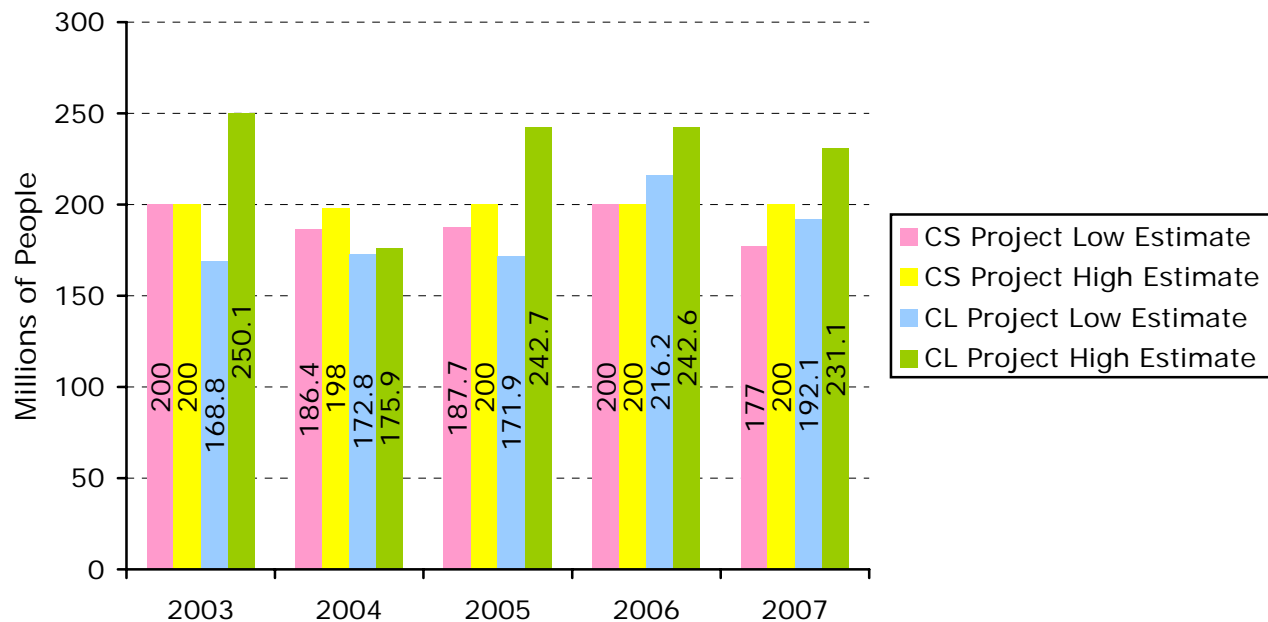


* Based on US population estimate of 301,345,987 million, www.census.gov accessed on 3/10/07. For data sources for the categories uninsured and other, see [Customers by Market Segment](#).

Customers by Market Segment vs. Covered Lives

The *Customers by Market Segment* project demonstrated ranges in the numbers of customers responding to national surveys as receiving health insurance through private insurers. The *Covered Lives* project examined data reported by the private insurers themselves, as well as analyst, researcher and reporter interpretations of the insurers' data. Figure 4 compares ranges of estimated individuals covered by private insurance found in the two projects. Bearing in mind that: 1) some of the individuals may have been covered by more than one insurer and 2) there are many more private health insurance companies than those tracked by this project not included in this report, it can be concluded that the *Covered Lives* project found higher estimates of private health insurance coverage by tracking insurer data than the *Customers by Market Segment* project found by tracking customer surveys. Nonetheless, the general trend correlates with recent literature reporting a decrease in private health insurance coverage in the United States.

Figure 4 – High and Low Estimates of Private Health Insurance Coverage, 2003-2007



Conclusion

In undertaking this project, The Harvard University/Kennedy School of Government Health Care Delivery Policy Program has identified why it is so difficult to obtain accurate and useful data on covered lives. Standardized approaches by all plans enumerating coverage, starting with a definition of a “member” and a decision about when to report enrollment (e.g., the last day of the calendar year) would help researchers and policymakers obtain more precise and consistent statistics.

As new health insurance products evolve, political debates ensue and proposals address radically reforming healthcare, it will be important to follow enrollment trends for both public and private plans. This project will continue to track published studies on covered lives and provide recommendations on how best to utilize and interpret the data.

Bibliography

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1. 29 CFR Part 2590. [Health Care Continuation Coverage: Final Rule](#). Department of Labor, May 26, 2004.
2. 2005 CMS Statistics, Washington, D.C.: [Centers for Medicare and Medicaid Services](#), 2005
3. [About AHIP](#). America's Health Insurance Plans, accessed February 22, 2007.
4. [About Humana](#), Humana, Inc., accessed March 4, 2007.
5. [About WellPoint](#), [WellPoint, Inc.](#), 2003.

6. [Aetna Fact Sheet 2003](#), [Aetna](#). 2003.
7. [Aetna, Inc. Form 10-Q](#). US Securities and Exchange Commission, March 31, 2004.
8. "Aetna Gets Good, Bad News." [Modern Healthcare](#) 33(7): 12, February 17, 2003.
9. [Aetna Reports First-Quarter 2006 Results](#), Aetna, Inc., April 27, 2006.
10. [Aetna to Announce Fourth Quarter and Full Year 2004 Results](#), Aetna Inc., January 10, 2005.
11. [Anthem and Wellpoint Complete Merger](#), [Wellpoint, Inc.](#), November 24, 2004
12. Barrett, K. "Analysts Predict Medicare's Financial Liabilities to Cause Job Loss, Higher Taxes." [CQ Healthbeat News](#), October 11, 2005.
13. "BCBSA Reports Enrollment Reaches 85.3 Million Nationally, It's Highest Level Since 1981." [Health Care Strategic Management](#) 21(7): 6(2), July 2003.
14. Bickoff, L and Huth, SA. "2004 COBRA Survey." [Medical Benefits](#) 22(2): 4(2), January 30, 2005; [Spencer's COBRA Survey Finds More Eligible Employees Elect COBRA Coverage, Companies Paying Significantly Higher Claim Costs](#), CCH, Inc., December 6, 2006.
15. [Bipartisan House Bill Proposes Large Expansion of SCHIP](#). Covertheuninsuredweek.org/Robert Wood Johnson Foundation, February 19, 2007.
16. [Business Profile: Aetna Inc.](#), Aetna Inc. Last updated December 31, 2006.
17. Cannon, M. F. Healthy Competition: [What's Holding Back Health Care and How to Free It](#). Washington, DC, Cato Institute, 2005.
18. Chu, D. S. C. [Joint Overview Statement by the Honorable David S. C. Chu Under Secretary of Defense and Readiness and the Honorable William Winkenwerder, Jr, MD, MBA, Assistant Secretary of Defense for Health Affairs, Before the Subcommittee on Personnel, Armed Services Committee, United States Senate, The Military Health System](#). Washington, DC, United States Senate, April 21, 2005.
19. [CIGNA Corporation, Form 10-Q](#). U.S. Securities and Exchange Commission, September 30, 2006. [CIGNA Corporation, Form 10-Q](#). U.S. Securities and Exchange Commission, March 31, 2006.
20. "CIGNA Earnings Jump 10%", [Money](#), February 7, 2007.
21. [CIGNA Reports 3rd Quarter 2003 Results](#), [CIGNA Corporation](#), 2003.
22. [Company Facts](#), Blue Cross and Blue Shield Association, accessed March 2, 2007.
23. [Company Overview: The Blue Cross and Blue Shield System](#), [Blue Cross Blue Shield Association](#), 2006
24. Coombs, J. G. [The Rise and Fall of HMOs](#). Madison, WI, University of Wisconsin Press, 2005.
25. Cutler, D. [Your Money or your Life: Strong Medicine for America's Health Care System](#). New York, NY, Oxford University Press, 2004.
26. [Data Compendium](#). Centers for Medicare and Medicaid Services, 2003-2006.
27. DenNavas-Walt, C., et al. [Income, Poverty, and Health Insurance Coverage in the United States](#). Washington, DC, U.S. Government Printing Office, 2004-2006.
28. Ekstrand, L. E. [VA Health Care: Preliminary Findings on the Department of Veterans Affairs Health Care Budget Formulation for Fiscal Years 2005 and 2006](#). Washington, DC: United States Government Accountability Office, February 6, 2006.
29. [Facts and Figures About Our Membership](#), Kaiser Permanente, accessed March 3, 2007.
30. Freudenheim, M. "A Diverse UnitedHealth Keeps Growing." [New York Times](#), November 30, 2004.
31. Freudenheim, M. "Luring Customers from Medicare." [New York Times](#), September 22, 2006.
32. Furhman, V. "Rise in Aetna's Medical-Cost Ratio Spooks Investors." [Wall Street Journal](#), April 28, 2006.
33. Gold, M. [The Growth of Private Plans in Medicare, 2006](#). Washington, DC: Henry J. Kaiser Family Foundation, March 2006.
34. Goldstein, J. "2004 Growth in Members Helps Aetna Profit Soar." [Philadelphia Inquirer](#), February 11, 2005.
35. [History of Blue Cross Blue Shield](#), Blue Cross Blue Shield Association, Accessed March 2, 2007.
36. "The HMO (Almost) Nobody Hates." [Fortune](#): 189-92, September 15, 2003.
37. [HMO Industry Summary](#), Sanofi-Aventis, 2003-2006.
38. [Humana, Inc., Form 10-K, 2003](#); [Humana Inc., Form 10-K, 2004](#), US Securities and Exchange Commission, 2003-2004.
39. [Humana Inc. Reports Financial Results for Fourth Quarter and Full Year 2006](#), Humana, Inc., February 5, 2007.
40. [Indian Health Service Fact Sheet](#), Indian Health Service, US Department of Health and Human Services. Last modified January 26, 2006.
41. [Indian Health Service Introduction](#), Indian Health Service, Last modified December 11, 2006.
42. Johnson, R. W. "Will Health Care Costs Erode Retirement Security?" [An Issue in Brief](#) (23): 1-9, October 2004.
43. Kaiser Family Foundation, "Enrollment in Medicare Managed Care and Traditional Medicare, 1990-2004", [Exhibit 2.17 in Trends and Indicators in the Changing Health Care Marketplace, 2004 Update](#), 2004.
44. Kaiser Family Foundation, "Medicaid Managed Care and Traditional Enrollment, 1990-2004", [Exhibit 2.16 in Trends and Indicators in the Changing Health Care Marketplace, 2004 Update](#), 2004.
45. [Kaiser Permanente: Facts and Statistics](#), Kaiser Permanente. Accessed March 2, 2007.

46. Landon, B. E., et al. "Comparison of Performance of Traditional Medicare vs. Medicare Managed Care." [Journal of the American Medical Association](#) 291(14): 1744-1752, April 14, 2004.
47. Landon, B. E., et al. "Comparison of Performance of Traditional Medicare vs. Medicare Managed Care." [Journal of the American Medical Association](#) 291(14): 1744-1752, April 14, 2004.
48. [Large Coalition Calls Attention to 9 Million Uninsured Children in the U.S.](#) Covertheuninsuredweek.org/Robert Wood Johnson Foundation, July 12, 2006
49. Lee, D. "WellPoint to Package Records Online." [Indianapolis Star](#), July 18, 2006.
50. Lohr, S. "Is Kaiser the Future of American Health Care?" [New York Times](#): 1, 4, October 31, 2004.
51. Lueck, S. "Surging Costs for Medicaid, Ravage State, Federal Budgets." [Wall Street Journal](#): A1, February 7, 2005.
52. Maher, K. "Middle-Class Families Strain Public Health Insurance Plans." [Wall Street Journal](#): A1, February 15, 2005.
53. [Managed Care Companies](#), [Insurancestock.com](#), 2003.
54. [Medicaid: Good Medicine for State Economies - 2004 Update](#). Washington, DC, Families USA, May 2004.
55. [Medicare and Medicaid Statistics](#), Henry J. Kaiser Family Foundation, July 2005.
56. [Medicare and Prepaid Enrollment Distribution by State, 2003](#), [Centers for Medicare and Medicaid Services](#), 2003.
57. "Medicare's Ill, Getting Weaker." [Boston Metro](#): 4, March 2, 2005.
58. [National Managed Care Firms, Ranked by HMO Enrollment](#), MCOL, Inc., 2003-2006.
59. Newhouse, J. P. "Financing Medicare in the Next Administration." [New England Journal of Medicine](#) 351(17): 1714-6, October 21, 2004.
60. O'Leary Morgan, K., Ed. [Health Care State Rankings](#). Lawrence, KS, Morgan Quinto Press, 2003-2006.
61. Pear, R. "Cut in Hospital's Medicare Payments Urged." [New York Times](#), January 18, 2005.
62. Richmond, J. B. [The Health Care Mess: How We Got Into It and What It Will Take to Get Out](#). Cambridge, MA, Harvard University Press, 2005.
63. Robinson, J. C. "From Managed Care to Consumer Health Insurance, The Fall and Rise of Aetna." [Health Affairs](#) 23(2): 43-55, March/April 2004.
64. Rundle, R. L. "Kaiser to Offer Savings Accounts for Lower-Cost Health Coverage." [Wall Street Journal](#), November 15, 2004.
65. Schiller, J., et Al. [Summary Health Statistics for the U.S. Population: National Health Interview Survey 2003](#). Hyattsville, MD, National Center for Health Statistics, April 2005.
66. SCHIP. [FY 2005 Number of Children Ever Enrolled Year - SCHIP by Program Type](#), Centers for Medicare and Medicaid Statistics, July 12, 2006.
67. Singer, P. "States to Lose Insurance Funds for Kids." [Newsday](#), September 30, 2004.
68. "Some Express Concerns over Kaiser's EHR Project." [HFMA News](#), February 19, 2007.
69. [Statistical Abstract of the United States](#). Washington, DC, U.S. Census Bureau, 2003-2006.
70. [UnitedHealth: About Us](#), UnitedHealth Group, Accessed March 2, 2007.
71. [UnitedHealth Group Reports Record First Quarter Results Driven by Strong Growth in Each of Its Businesses](#), UnitedHealth Group News Release, April 18, 2006.
72. [VA Health Care: Preliminary Findings on the Department of Veterans Affairs Health Care Budget Formulation for Fiscal Years 2005 and 2006](#). Washington, DC, United States Government Accountability Office, 2006.
73. Van de Water, P. "Medicare Finances: Findings of the 2006 Trustees Report." [Medicare Brief](#). 13 1-8, May 2006.
74. Wallenchinsky, D. "Where Does your Tax Money Go?" [Parade Magazine](#): 4-6, April 10, 2005.
75. Watkins, S. "Aetna, Inc. Hartford, Connecticut; Insurer Sheds Members, Weight To Get Back Into Fighting Shape." [Investor's Business Daily](#): A06, May 27, 2005.
76. Wellpoint, Inc. [Homepage](#), Accessed March 3, 2007.
77. [Wellpoint, Inc. Fact Sheet](#), 2004-2006.
78. [WellPoint Health Networks, Inc. Form 10-Q](#). US Securities and Exchange Commission, March 31, 2004.
79. [WellPoint Reports Strong First Quarter 2006 Results](#). WellPoint, Inc. Press Release, April 26, 2006.
80. Whiddon, R. L. "Future of CDH May Be in the Past." [Employee Benefit News](#), February 2006.
81. [Who We Are: Understanding the Blue Cross Blue Shield System](#), Blue Cross Blue Shield Association. 2003-2007.