The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 made is more attractive for health maintenance organizations (HMOs) and other competitive medical plans to enter into risk contracts with Medicare. Since the start of the TEFRA program in April 1985, more than 160 HMOs have had risk contracts with Medicare under

the program. An investigation of factors associated with TEFRA risk-market entry at the end of 1986 revealed that high adjusted average per capita cost payment levels, prior Medicare cost-contract experience prior Federal qualification were the most important factors distinguishing market entrants from nonentrants.

Introduction

Given the passage of the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982, risk contracts with health maintenance organizations (HMOs) have been viewed as a promising approach for the efficient delivery of high-quality care to the Medicare population through competitive market forces. The future success of Medicare risk contracting will depend greatly on the eagerness of HMOs to enter into and maintain their risk contracts with Medicare. Whereas Medicare's significant buying power in hospital markets virtually ensures widespread hospital participation in the prospective payment system (PPS). Medicare does not possess the same market power in the HMO marketplace. The rapid expansion of the HMO industry over the past decade has occurred without significant Medicare risk enrollment. Significant expansion of Medicare HMO capitation will occur only if HMOs find it in their best interest to participate in the TEFRA program and to enroll large numbers of Medicare beneficiaries.

As of June 1, 1988, 138 plans had signed TEFRA risk contracts with the Health Care Financing Administration (HCFA) as federally qualified HMOs or competitive medical plans (CMPs). Forty-eight other plans also had pending TEFRA risk applications as of that date. Enrollment in Medicare at-risk HMOs has grown substantially since the inception of the program in April 1985. More than 1 million Medicare beneficiaries were enrolled in TEFRA risk plans in June 1988. Although this growth has been encouraging, the future of Medicare HMO capitation is uncertain. More than three-quarters of all HMOs currently do not serve the Medicare population under TEFRA risk contracts, and 68 TEFRA risk contracts with HCFA within the last 3 calendar years.

A significant fraction of the Medicare population will never be enrolled in Medicare HMOs unless large numbers of HMOs enter into Medicare risk contracts. Understanding what factors are associated with Medicare HMO market entry can help to shape policy that could potentially encourage broader HMO participation in the help in assessing the need for and/or the likely supply response to potential changes in capitation payment formulas in the future.

TEFRA program. The study of market entry should also

Previous research

Most of the earliest research on HMO growth was focused on identifying the impacts of market and regulatory conditions on the formation and growth of HMOs. Based on surveys of HMO administrators (McNeil and Schenkler, 1975) and econometric analyses (Goldberg and Groenberg, 1981; Morrisey and Ashby, 1982), it is suggested that HMO development was most prevalent in areas where high fee-for-service (FFS) utilization or expenditures reflect opportunity for competitive pricing by HMOs. Differential HMO market share was found to be more strongly associated with demand characteristics of the population, such as age composition and income levels.

The later work of Welch (1984) was also focused on factors affecting the establishment of HMOs and their subsequent enrollment growth. Welch found that HMO establishment and enrollment per capita were greater in markets with lower per capita incomes and those with more educated populations. In addition, HMO establishment was more likely to be found in the more populated geographic markets, and greater HMO enrollment per capita was found in markets with higher hospital per diem costs.

The recent work of Adamache and Rossiter (1986) is of particular relevance to this study because in it they addressed the determinants of HMO participation in the Medicare HMO Competition Demonstrations sponsored by HCFA. In their findings, they suggest that the most important factors associated with participation in the demonstrations were high Medicare capitation rates under HCFA's adjusted average per capita cost (AAPCC) formula in the HMO's main county of operation, prior HMO experience in serving the Medicare population on a cost basis, and previous Federal qualification of an HMO. These findings are an important contribution toward understanding the supply response of HMOs to Medicare capitation. However, it is not clear whether the response of HMOs to a Medicare demonstration program will accurately reflect their response to the actual TEFRA program. Because early demonstration participants might be viewed as pioneer entrants into the Medicare risk marketplace, factors leading a small set of 40 plans to become demonstration sites may differ from those

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Risk Contracting And Medicare Choice

Dale Yamamoto

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