Table 144. **Health Maintenance Organizations (HMOs): 1990 to 2006**

[**As of January 1 (33.0 represents 33,000,000**). An HMO is a prepaid health plan delivering comprehensive care to members through designated providers, having a fixed periodic payment for health care services, and requiring members to be in a plan for a specified period of time (usually 1 year). A group HMO delivers health services through a physician group that is controlled by the HMO unit or contracts with one or more independent group practices to provide health services. An individual practice association (IPA) HMO contracts directly with physicians in independent practice, and/or contracts with one or more associations of physicians in independent practice, and/or contracts with one or more multispecialty group practices. Data are based on a census of HMOs]

Model type	Number of plans						Enrollment [1] (mil.)					
	1990	1995	2000	2004 [2]	2005 [4]	2006 [3, 4]	1990	1995	2000	2004 [2]	2005 [4]	2006 [3, 4]
Total . .	**572**	**550**	**568**	**412**	**420**	**548**	**33.0**	**46.2**	**80.9**	**68.8**	**69.2**	**73.9**
IPA	360	323	278	176	171	191	13.7	17.4	33.4	24.6	23.5	22.4
Group [5] . .	212	107	102	96	98	122	19.3	12.9	15.2	15.3	16.4	20.7
Mixed . . .	(NA)	120	188	140	141	134	(NA)	15.9	32.3	28.9	29.0	25.5

NA Not available. [1] 1990–1995 exclude enrollees participating in open-ended plans; beginning 1999, includes open-ended enrollment. [2] Starting with 2004 data, Puerto Rico and Guam included in the total. [3] 2006 data include "HMO Medicaid only plans" for the first time. [4] 2005 and 2006 totals include plans that did not provide enough information to be classified as a model type. [5] 2005 and 2006 data include data for "Network, Staff, and Group" type.

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