Five Arizona counties. Where the payer mix changed.

Reported Medicare Advantage enrollment
August 2025 compared with August 2026

Decision question

Which payer groups account for reported enrollment and its change in Maricopa, Pima, Pinal, Yavapai and Yuma counties? Use this as a starting point for an adviser's client discussion or payer-account research.

The five-county reported book grew by **18,983**, from **680,671** to **699,654** (+2.8%). Pinal had the fastest reported growth among these five counties; Maricopa accounted for the largest absolute increase.

County	Aug 2025	Aug 2026	Change	Change %
Maricopa	412,091	422,279	+10,188	+2.5%
Pima	148,928	152,533	+3,605	+2.4%
Pinal	56,605	59,931	+3,326	+5.9%
Yavapai	39,592	40,253	+661	+1.7%
Yuma	23,455	24,658	+1,203	+5.1%

How to use the result

Separate a county's overall growth from its changing payer concentration. In Maricopa, reported enrollment increased 2.5%, while the current UnitedHealth Group grouping declined and Humana increased. The payer detail deserves attention even where county growth looks modest.

These are sums of published numeric observations, not exact enrollment totals. CMS withholds small cells. The selected plan types include HMO/HMOPOS, local and regional PPO, PFFS and MSA. Current-parent grouping is applied to both periods. See page 3 and the companion workbook for missingness and exclusions.

Changes worth investigating

Selected large changes in reported enrollment, grouped using the current DeepGarden registry.

County / current parent	Aug 2025	Aug 2026	Change
Maricopa / UnitedHealth Group	187,815	163,131	-24,684
Maricopa / Humana	62,359	83,696	+21,337
Yavapai / Humana	7,402	13,599	+6,197
Yavapai / CVS Health Corporation	7,668	1,988	-5,680
Maricopa / SCAN Group	1,930	7,311	+5,381
Maricopa / Blue Cross Blue Shield of Arizona	28,968	33,893	+4,925
Pima / Humana	16,111	20,705	+4,594
Yuma / Banner Health	6,679	2,883	-3,796

Maricopa: concentration changed

UnitedHealth Group’s share of the included reported book moved from 45.6% to 38.6%. Humana moved from 15.1% to 19.8%. These shifts identify payer groups to examine; they do not show individual members switching between those organizations.

Three follow-up questions

For payer-account planning: Does the client’s current account list reflect the payer groups contributing to the reported book in its chosen counties?

For an expansion discussion: What additional service-area, benefit, provider-network and economic evidence is needed before treating a county as a viable market?

For explaining changes: Do contract, plan or ownership changes help explain the reported movement? The two snapshots alone cannot establish a cause.

Method and source trail

Population and comparison

The CMS file reports enrollment by beneficiary residence and contract. It does not establish a plan's approved service area. Included types are HMO/HMOPOS, Local PPO, Regional PPO, PFFS and MSA. PACE, 1876 Cost, HCPP, LI NET and the prior-year Medicare-Medicaid Plan category are excluded. Employer and special-needs enrollment may be included but cannot be isolated here.

Missing observations remain missing

County	Unreported rows 2025	Unreported rows 2026
Maricopa	221	232
Pima	166	172
Pinal	172	167
Yavapai	148	155
Yuma	145	145

CMS documents suppression for counts of 10 or fewer. Source text, including nonnumeric tokens, is retained in Excel; blank numeric cells are not zeros. Shares use published numeric subtotals. A zero payer subtotal means no published numeric enrollment was included, not proof of no members.

Mapping and checks

The existing DeepGarden registry maps contracts to current parent groups consistently across both periods. All included 2026 numeric enrollment is mapped; 1,086 prior-period reported members remain under unmapped contract labels. This is not historical ownership reconstruction. All 2,099 included period/county/contract keys are unique. Parent and county subtotals reconcile. Contract-level changes require two published numeric values.

Sources and reproducibility

CMS 2025-08: Monthly MA enrollment by state, county and contract. SHA-256: d5cbd61edd385e951057b31fcecea35e4e62be4c7fd322b4a7b1fca329d784e8

CMS 2026-08: Monthly MA enrollment by state, county and contract. SHA-256: 0dfd5815a292d17070d41de0b40c6a1cd14ce600b8a2b9002d03f25b8856c854

The companion Excel workbook includes county and payer summaries, contract comparisons, included source rows with CSV member/line references, and method notes. It makes no claim about paid claims, clinical need, benefits, network adequacy, member migration, exact suppressed totals or the cause of a change.