

**Table 84**  
**Access to Medicare+Choice (M+C) Coordinated Care Plans (CCPs), M+C Private**  
**Fee-for-Service (PFFS) Plans, or Preferred Provider Organization (PPO) Demonstration Projects**  
**Rural Areas, by Type of Coverage: Calendar Years 1999-2004**

Year	Any M+C CCP or PFFS Plan or PPO Demo Plan	Any M+C CCP Plan	Zero Premium Plan	Plan with Drug Coverage
			Percent	
1999	---	23	14	19
2000	62	21	9	16
2001 <sup>1</sup>	60	14	4	8
2002	59	13	2	9
2003	59	13	2	8
2004 <sup>2</sup>	62	15	13	26

<sup>1</sup>Includes 53 counties, with 99,000 beneficiaries, where PFFS became available in December 2001.

<sup>2</sup>The 2004 data reflect the reclassification of the metropolitan statistical area (MSA) status of a number of counties. There was a net reduction in the number of Medicare beneficiaries residing in non-MSA (rural) counties of about one million. About 1.5 million beneficiaries were in the counties changing from non-MSA to MSA status, and about half a million beneficiaries were in counties that changed from MSA status to non-MSA status (generally because of being assigned to the new category of micropolitan areas).

NOTES: PFFS plans began offering zero premium products, and drug coverage, in some rural areas in 2004. Access to zero premium plans in rural areas is composed of 5 percent from CCP plans and the remainder (about 8 percent) from PFFS plans, with an overlap of 0.5 percent (rural counties with both PFFS and CCP zero premium plans). PFFS became available in 2000; PPO demonstrations became available in 2003.

SOURCES: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information: Analysis of Health Plan Management System data and M+C rates; MedPAC Annual Reports 1999 and 2000.