

**Table 84**  
**Access to Medicare+Choice (M+C)/Medicare Advantage (MA) Coordinated Care Plans (CCPs),**  
**Private Fee-for-Service (PFFS) Plans, or Preferred Provider Organization (PPO)**  
**Demonstration Projects, Rural Areas, by Type of Coverage: Calendar Years 1999-2005**

Year	Any M+C/MA CCP, PFFS Plan, or PPO Demo Plan	Any M+C/MA CCP Plan	Any Zero Premium Plan	Any 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
2005 <sup>2</sup>	97	40	54	94

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

<sup>2</sup>The 2004 and 2005 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: The 2005 data are as of October 2005. In all years, only plans available to all Medicare beneficiaries in a county are included. That is, plans such as those available only to members of an employer group, or special needs plans (available as of 2005), are excluded.

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.