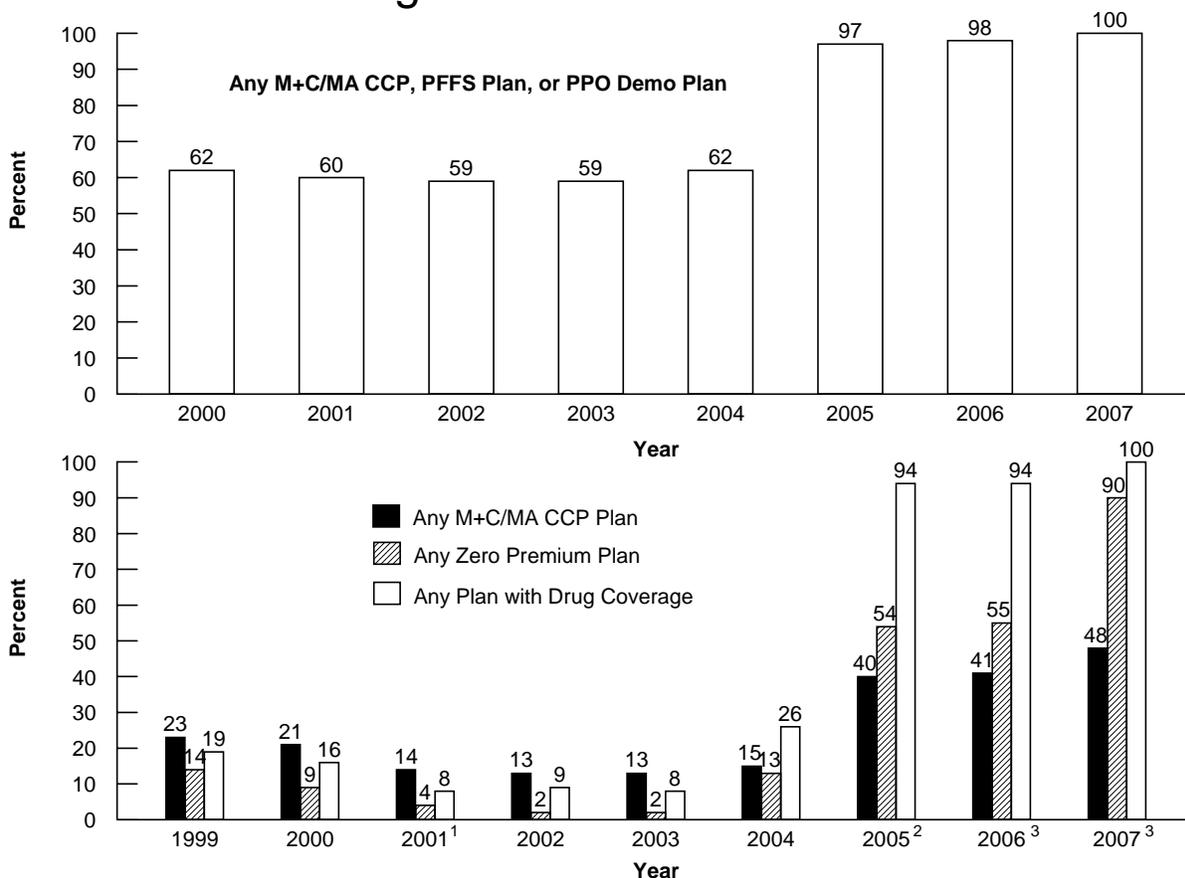


**Figure 12.10**  
**Access to Medicare+Choice (M+C)/Medicare Advantage (MA) Coordinated Care Plans (CCP), Private Fee-for-Service (PFFS) Plans, or Preferred Provider Organization (PPO) Demonstration Projects, Rural Areas, by Type of Coverage: Calendar Years 1999-2007**



<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).

<sup>3</sup> The 2006 and 2007 data used the same definition of rural that CMS had used in a number of other published studies. It was felt that for purposes of consistency this definition should be used: Metropolitan areas were considered urban while micropolitan areas and areas that were neither metropolitan nor micropolitan were considered rural.

NOTES: Various categories of plans were excluded if their membership was deemed to be overwhelmingly exclusive of the general Medicare population or were not otherwise available.

SOURCES: Centers for Medicare & Medicaid Services, Office of Research, Development, and Information: Analysis of plan data from the Health Plan Management System (HPMS); MedPAC Annual Reports 1999 and 2000.