

Table 1. Enrollment in Medicare Advantage and Other Prepaid Plans, by Location of Residence and by Type of Plan, 2005-2013⁽¹⁾

Type of Plan	December 2005		December 2010		March 2013	
	Non-Metro ⁽²⁾	Total	Non-Metro ⁽²⁾	Total	Non-Metro ⁽²⁾	Total
Medicare Advantage	241,706	5,139,794	1,373,225	11,321,900	1,795,003	14,012,057
HMOs/POS	174,789	4,854,212	400,528	7,436,339	606,616	9,383,686
PFFS	63,393	200,614	525,243	1,593,450	190,335	406,372
PPOs and other MA	3,524	84,968	447,454	2,292,111	998,052	4,221,999
Other prepaid plans⁽³⁾	105,197	688,231	102,876	408,233	147,942	505,584
TOTAL	346,903	5,933,222	1,476,101	11,730,133	1,942,945	14,517,641
	Percent of Medicare Population		Percent of Medicare Population		Percent of Medicare Population	
Medicare Advantage	3.5%	11.7%	14.0%	24.2%	17.5%	27.8%
HMOs/POS	2.5%	11.0%	4.1%	15.9%	5.9%	18.6%
PFFS	0.9%	0.5%	5.4%	3.4%	1.9%	0.8%
PPOs and other MA	0.1%	0.2%	4.6%	4.9%	9.7%	8.4%
Other prepaid plans⁽³⁾	1.5%	1.6%	1.1%	0.9%	1.4%	1.0%
TOTAL	5.0%	13.5%	15.1%	25.1%	19.0%	28.8%

Source: RUPRI Center for RURAL Health Policy Analysis, based on Centers for Medicare and Medicaid Services (CMS) data as of March 2013

Notes:

(1)Excludes enrollment in any county and plan if the plan enrolls 10 or fewer enrollees in that county (due to restrictions on data release by CMS) and excludes enrollees in US territories (due to data incompatibilities with geographic files).

(2)Non-Metro specification is based on Urban Influence Codes (UIC), a classification scheme that distinguishes metropolitan and non-metropolitan counties based on the size of their largest town or city and their proximity to other metropolitan counties.

(3)Other prepaid plans include cost plans and demonstration plans. HMO = health maintenance organization; MA = Medicare Advantage; PFFS = private fee-for-service; POS = point of service; PPO = preferred provider organization.