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# Medicare Advantage and Traditional Medicare: Is the Balance Tipping?

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## Executive Summary

A growing share of Medicare beneficiaries have been enrolling in Medicare Advantage plans over the past decade, prompting some to question whether the balance between traditional Medicare and Medicare Advantage could be on the verge of tipping. Since 2006, the share of Medicare beneficiaries enrolled in a Medicare Advantage plan has nearly doubled, from 16 to 31 percent, but in some counties, the percentage is much higher. In this brief, we look beneath national trends to examine Medicare Advantage penetration rates and growth rates in counties across the country to assess the extent to which Medicare Advantage plans are poised to cover more beneficiaries than traditional Medicare across the country.

Medicare Advantage penetration rates and patterns of growth vary widely across the country, reflecting the diversity of markets and coverage decisions of beneficiaries. More specifically, we find:

- **A small share (9%) of all Medicare beneficiaries lives in an area where at least 50 percent of all beneficiaries are in a Medicare Advantage plan.** Another 21 percent of all Medicare beneficiaries are living in a county with 40-50 percent Medicare Advantage penetration. Beneficiaries living in areas with high Medicare Advantage penetration ( $\geq 40\%$ ) tend to be clustered in more populated urban areas, in a small number of states, and a small share of counties. For example, Medicare Advantage penetration is at or above 50 percent in 2015 in just 4 percent of all counties.
- **One-quarter of all Medicare beneficiaries (25%) lives in an area with relatively low Medicare Advantage enrollment (<20%).** Another 23 percent of Medicare beneficiaries live in a county where Medicare Advantage penetration is below the national average (between 20 and 30%). Together, about half of all Medicare beneficiaries nationwide live in a county where Medicare Advantage penetration is at or below the national average, and where traditional Medicare covers the majority of beneficiaries.
- **A small share of Medicare beneficiaries (13%) lives in an area where Medicare Advantage penetration rates have grown relatively rapidly in recent years ( $\geq 15\%$  average annual growth rate since 2010, double the 7.5% national average).** In contrast, half of all beneficiaries live in an area where Medicare Advantage penetration rates have increased by less than 5 percent annually since 2010, below the national average.

This analysis finds a small but growing share of the Medicare population living in a county with more beneficiaries in Medicare Advantage plans than traditional Medicare. Even as Medicare Advantage enrollment continues to rise, traditional Medicare is the primary source of coverage for the majority of beneficiaries in the majority of counties across the country. While the balance between traditional Medicare and Medicare Advantage may tip at some point in the future, it hasn't happened yet.

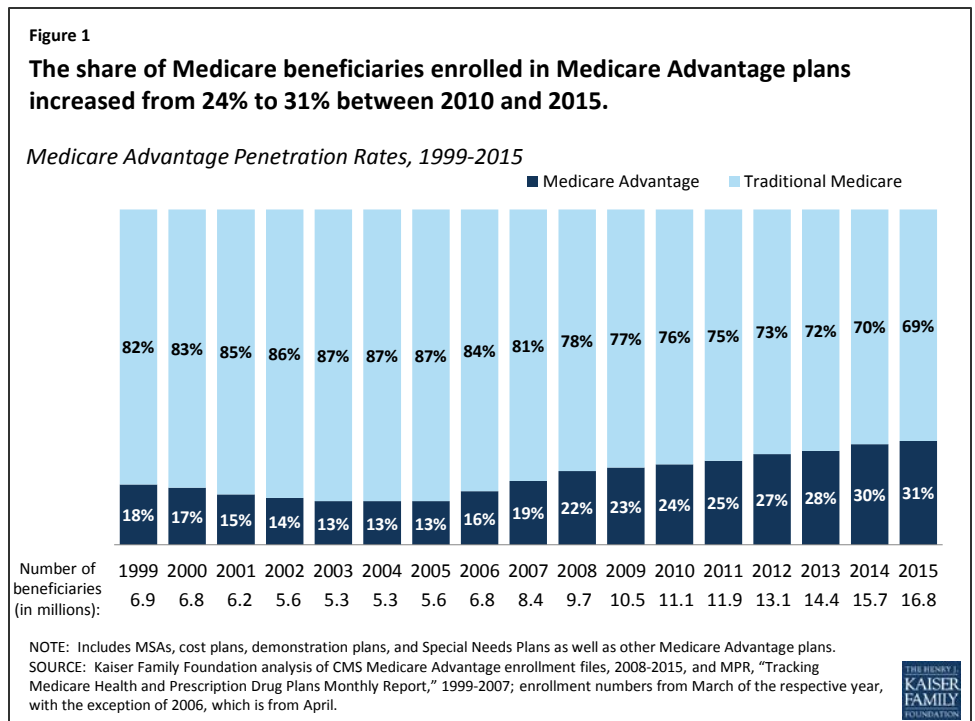
# INTRODUCTION

Enrollment in Medicare Advantage plans nationwide is at an all-time high and continues to climb. Despite concerns that payment reductions enacted by the Affordable Care Act would cause enrollment to decline, Medicare Advantage enrollment has instead increased by 5.6 million, or 50 percent, since the law’s enactment.<sup>1</sup> This steady rise in Medicare Advantage enrollment has led some to question whether the balance between traditional Medicare and private plans will soon tip, with more and more people enrolling in Medicare Advantage plans.<sup>2</sup>

With ongoing interest in the role and future of Medicare Advantage plans, this brief takes an in-depth look at Medicare Advantage enrollment and growth rates, by county, metropolitan areas, and state. We used publicly available Medicare Advantage State/County Penetration data from the Centers for Medicare and Medicaid Services (CMS) to determine Medicare Advantage penetration rates in 2015, and growth rates between 2010 and 2015. More information about the data and methods used is included in the Methodology box at the end of the brief. For the purpose of this analysis, we examined counties that had reached or exceeded 50 percent Medicare Advantage penetration, but use the term “relatively high” Medicare Advantage enrollment to incorporate counties in which at least 40 percent of beneficiaries are enrolled in a Medicare Advantage plan. We define relatively low penetration counties as counties with less than 20 percent of beneficiaries in a Medicare Advantage plan.

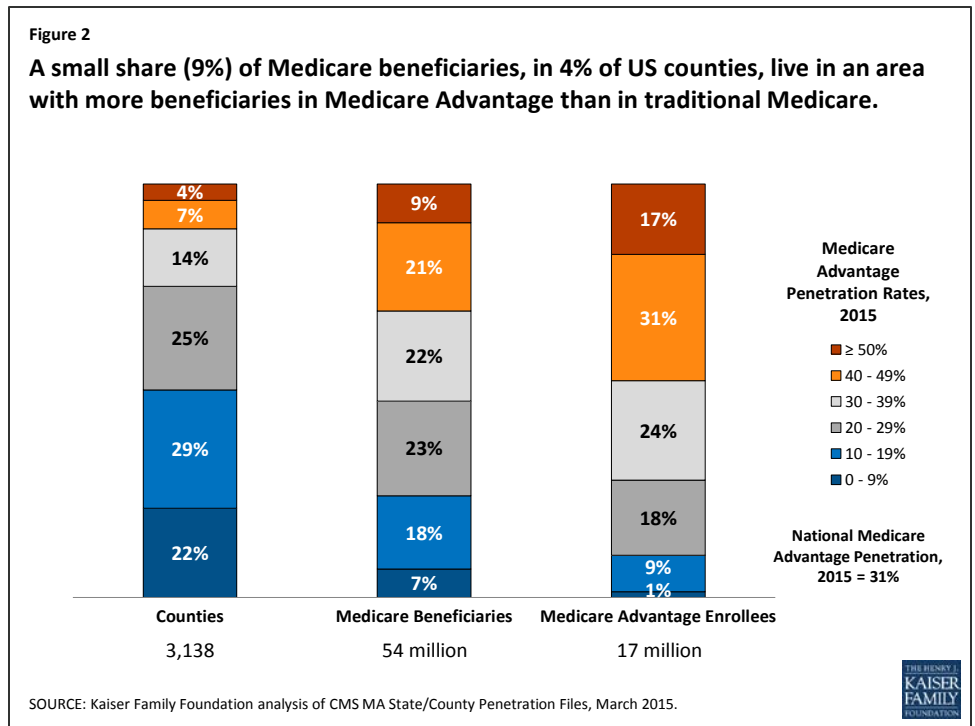
## VARIATION IN MEDICARE ADVANTAGE PENETRATION RATES

- In 2015, nearly one-third (31%) of Medicare beneficiaries is enrolled in a Medicare Advantage plan, an increase from nearly one-quarter (24%) in 2010 (Figure 1).** Nationally, traditional Medicare continues to be the primary source of coverage for the Medicare population, but Medicare Advantage enrollment and penetration has been on the rise.

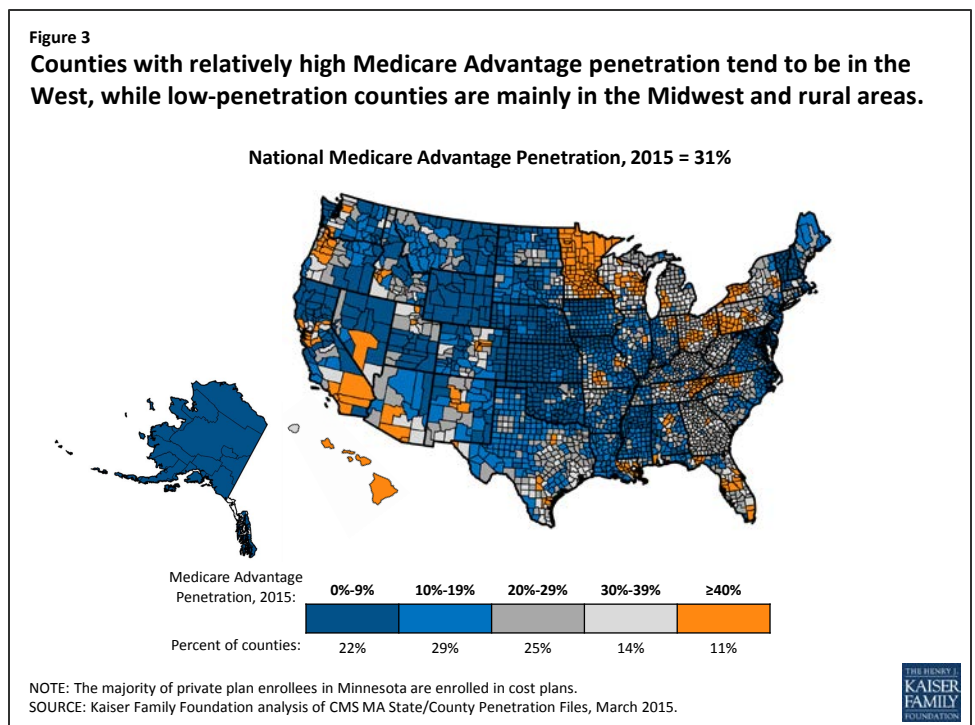


- **A small share (9%) of Medicare beneficiaries lives in an area where at least half of all beneficiaries are enrolled in a Medicare Advantage plan (Figure 2).** Medicare Advantage penetration is at or above 50 percent in just 4 percent of counties. Another 21 percent of all Medicare beneficiaries, in 7 percent of counties, are living in a county with 40-50 percent Medicare Advantage penetration.

Beneficiaries living in areas with high Medicare Advantage penetration ( $\geq 40\%$ ) tend to be clustered in more populated urban areas because Medicare Advantage has historically had a stronger presence in more populated, urban areas, and in a small number of states (discussed below).



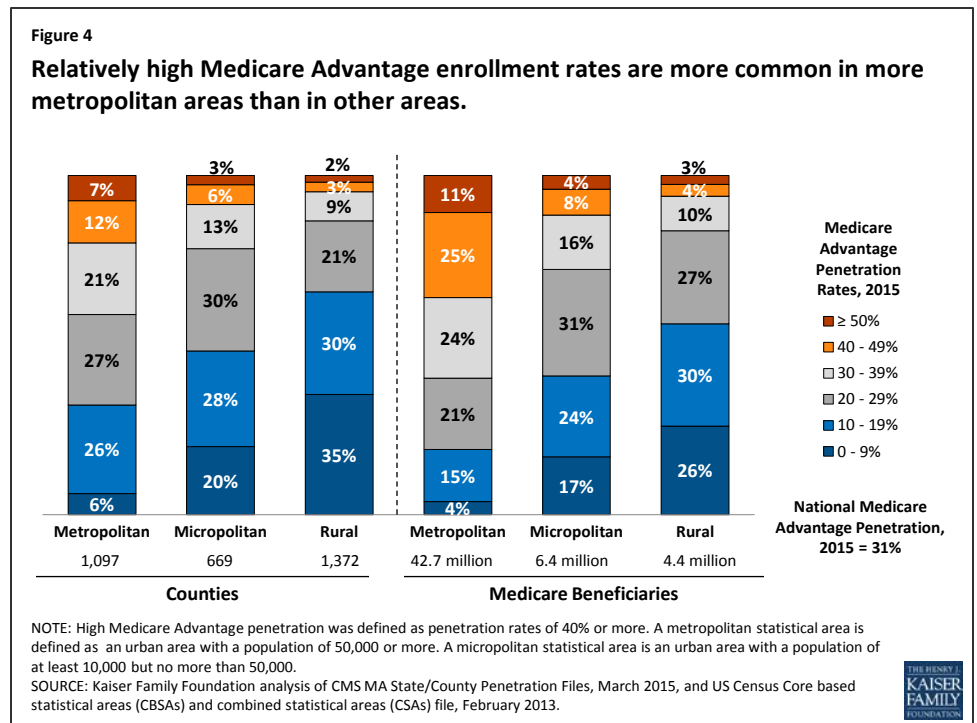
- **Conversely, a quarter of all Medicare beneficiaries (25%) live in an area with relatively low Medicare Advantage penetration ( $\leq 20\%$ ).** In these counties, Medicare Advantage plans play a more minor role as the vast majority of beneficiaries in the county are in traditional Medicare. Penetration rates are at or below 20 percent in half (51 percent) of all counties.



- **Counties with relatively high Medicare Advantage penetration rates tend to be in the West, but are also scattered across the Midwest, Pennsylvania, New York, and Florida (Figure 3).** Low penetration areas are mainly in the Midwest and in rural states, but also in the Northeast and Mid-Atlantic regions. Even in regions with a strong

Medicare Advantage presence, such as Southern California, there is often a range in Medicare Advantage penetration across counties, reflecting local market conditions. For example, Medicare Advantage penetration is 58 percent in San Bernardino County but 15 percent in Santa Barbara.

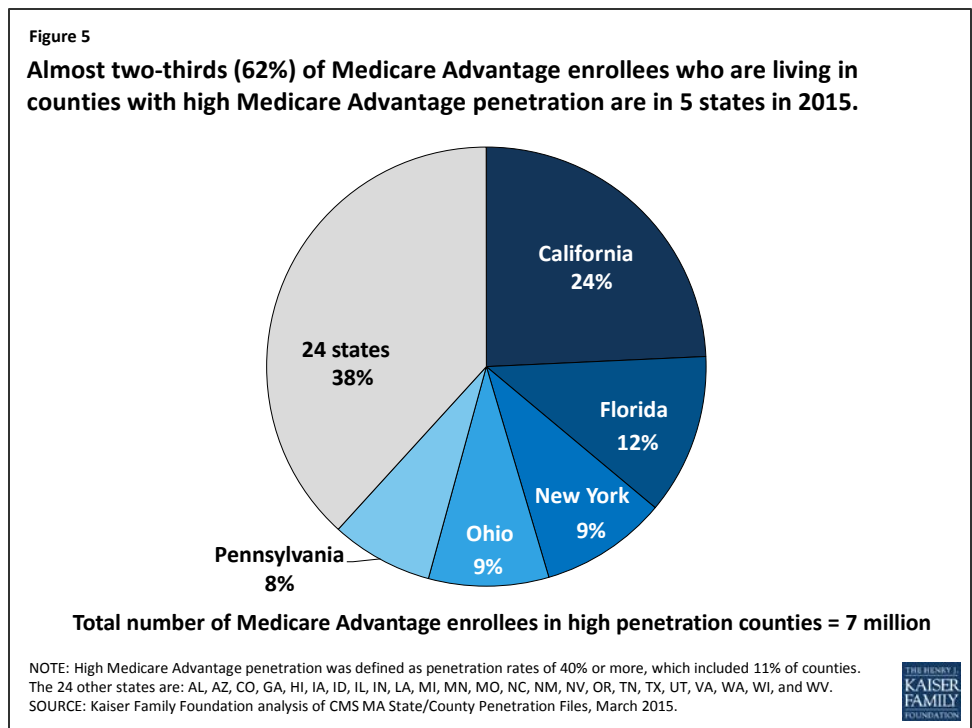
- **Some of the variation in Medicare Advantage penetration across the country reflects the concentration of Medicare beneficiaries in urban areas, where Medicare Advantage plans have a stronger presence (Figure 4).** While just over one-third (35%) of counties are classified as “metropolitan” (with a population of 50,000 or more), 80 percent of Medicare beneficiaries live in these



counties. A much larger share of metropolitan than micropolitan or rural counties have relatively high Medicare Advantage penetration (19%, 9% and 5%, respectively).

- **However, not all metropolitan areas have higher than average Medicare Advantage penetration rates (See Table 1).** While Medicare Advantage penetration tends to be well above average in counties such as Los Angeles County (48%) and Miami-Dade (62%) in 2015, counties that include the Baltimore, Annapolis, and Wilmington metropolitan areas have penetration rates of 10 percent or less in 2015. Penetration is near average in the counties that include Detroit, Atlanta, Seattle, Milwaukee, and Chicago.

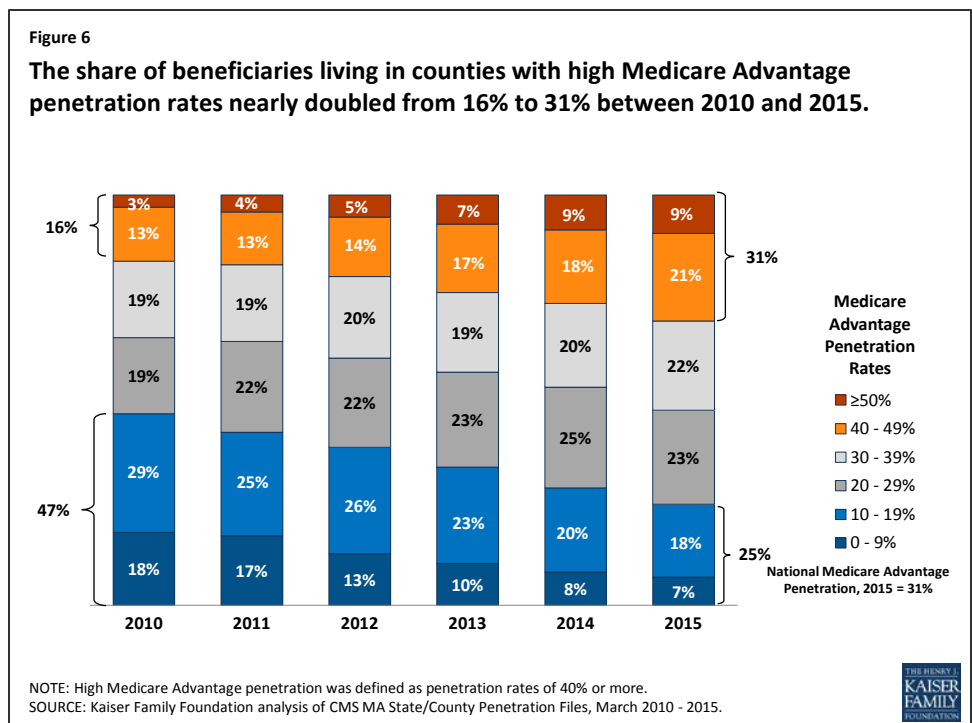
- Almost two-thirds of Medicare Advantage enrollees who live in counties with relatively high Medicare Advantage penetration are clustered in five states (Figure 5).** California alone accounts for about one-quarter (24%) of all Medicare Advantage enrollees living in high-penetration areas, in large part due to high enrollment rates in southern California, including Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties (Table 2).



Other states in which high-penetration counties are clustered include Florida, New York, Ohio and Pennsylvania.

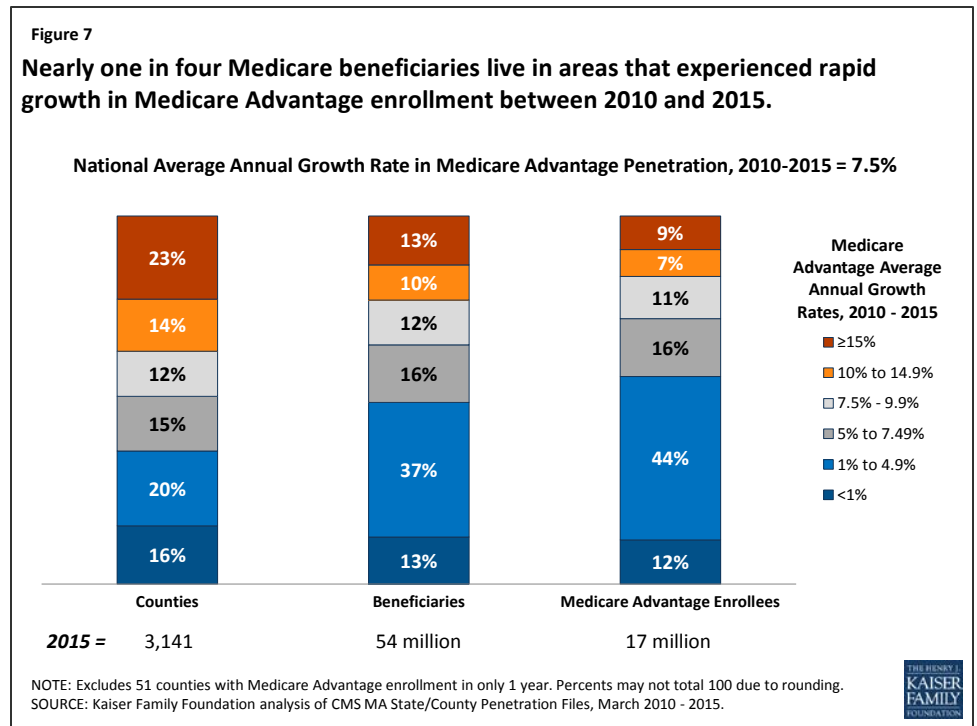
## CHANGE IN MEDICARE ADVANTAGE PENETRATION OVER TIME

- Between 2010 and 2015, the share of beneficiaries living in counties with more than 50 percent Medicare Advantage penetration has tripled from 3 percent to 9 percent (Figure 6).** Overall, the share of beneficiaries living in relatively high Medicare Advantage penetration areas ( $\geq 40\%$ ) has nearly doubled, from 16 percent to 31 percent during this period. Conversely, the share of beneficiaries living in areas with relatively low Medicare Advantage penetration has declined.



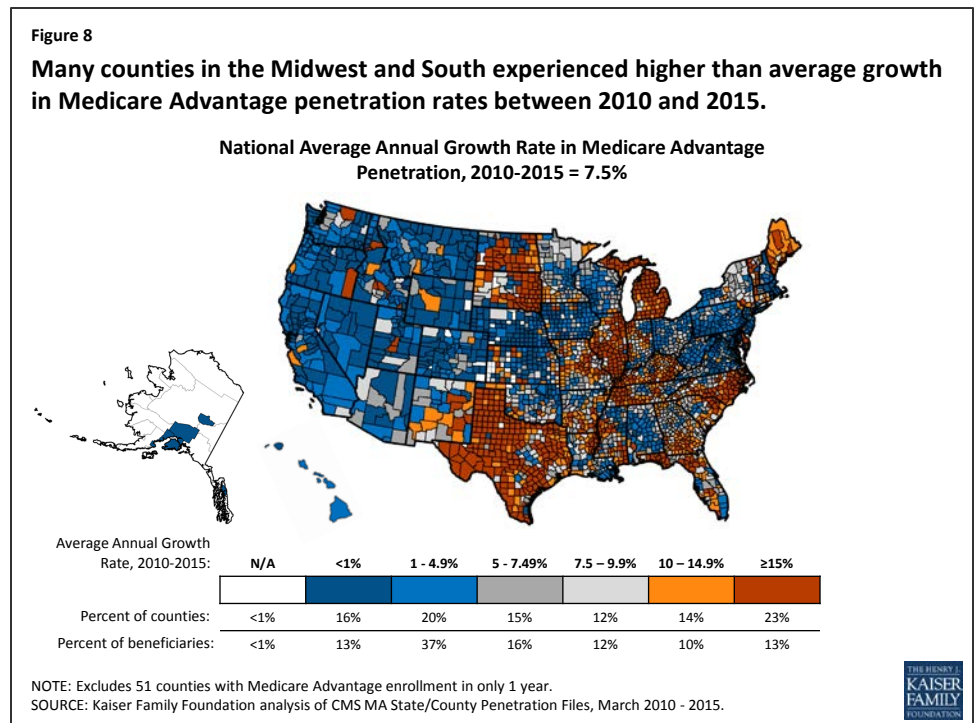


- **About 13 percent of Medicare beneficiaries live in an area where Medicare Advantage penetration rates have grown very rapidly in recent years (defined as  $\geq 15\%$  average annual growth rate since 2010) – double the 7.5 percent national average (Figure 7).** Another 5.1 million beneficiaries (10 percent) of all Medicare beneficiaries live in an area that experienced average annual growth in Medicare Advantage enrollment of 10 to 15 percent between 2010 and 2015.



- More than three-quarters (77%) of the 1.5 million Medicare Advantage enrollees who live in counties that experienced high growth ( $\ge 15\%$ ) in Medicare Advantage penetration between 2010 and 2015 reside in four states: Michigan, Illinois, North Carolina and Texas. These high-growth counties tend to have below average Medicare Advantage penetration in 2015 (averaging 24%).

- **About half of all beneficiaries live in counties where Medicare Advantage penetration increased by less than 5 percent annually between 2010 and 2015.** These slower-growth counties tend to have above average Medicare Advantage penetration rates in 2015 (averaging 43% in 2015).
- **The average annual growth in Medicare Advantage penetration between 2010 and 2015 varied widely across the country (Figure 8).** The average annual growth in Medicare Advantage penetration between 2010 to 2015 ranges from a high of 34 percent (Lake County, IN and Lake County, IL) to a low of negative 5 percent in Santa Barbara County, California (Tables 4 and 5).



## DISCUSSION

Medicare Advantage has become a larger part of the Medicare program over the past several years. Despite concerns that enrollment would drop in response to payment reductions included in the Affordable Care Act of 2010, enrollment has climbed steadily over the past five years, and is projected to continue to rise over the next decade.<sup>3</sup> Medicare Advantage enrollment has increased across the country, although penetration and growth rates have been much higher in some parts of the country than others. Some areas have experienced more rapid growth than others in the past few years which may be due to a number of factors, such as market conditions, consumer preferences, and payment rates.

All signs suggest Medicare Advantage penetration will continue to rise but unevenly across the country. As of now, just nine percent of beneficiaries live in an area where more beneficiaries are enrolled in Medicare Advantage plans than traditional Medicare, and it seems likely this share will increase. Nonetheless, for the vast majority of beneficiaries, traditional Medicare is likely to remain the primary source of coverage for the foreseeable future. While the balance between traditional Medicare and Medicare Advantage may tip in the future, it hasn't happened yet.

The authors appreciate the informative and helpful comments that Marsha Gold, Sc.D., Senior Fellow Emeritus at Mathematica Policy Research, Inc. provided on an earlier draft of this brief.

## Methodology

Most of the data used in this analysis come from the Centers for Medicare and Medicaid Services (CMS) MA State/County Penetration file for March of 2015. These files contain the number of Medicare beneficiaries and Medicare Advantage enrollees at the county level. Medicare Advantage enrollment includes data for all plan types, including Local and Regional CCP, MSA, PFFS, demonstrations, national PACE, cost, and employer-sponsored plans. Data for counties with 10 or fewer enrollees are not included due to privacy laws and are thus not included in this analysis. The analysis also uses the Census Core based statistical areas (CBSAs) and combined statistical areas (CSAs) file, February 2013 to examine differences in penetration and growth rates in metropolitan, micropolitan, and rural areas.

To examine the extent to which Medicare Advantage penetration and growth rates are associated with county-level market and demographic characteristics, correlations were calculated separately between Medicare Advantage penetration in 2015 and average annual growth rates and the following variables: average traditional Medicare spending in a county; Medicare Advantage risk-adjusted rebate amounts; percent of Medicare Advantage enrollees in employer-sponsored (group) plans; percent of Medicare Advantage enrollees in Preferred Provider Organizations (PPOs); percent of Medicare Advantage enrollees in Health Maintenance Organizations (HMOs); percent of seniors with incomes below the poverty threshold; percent of county residents with incomes below the poverty threshold; median household income; share and number of Medicare beneficiaries that were new to Medicare; average age of Medicare beneficiaries 65 or older; average age of all Medicare beneficiaries; share of Medicare beneficiaries who were disabled; year of the oldest active Medicare Advantage plan; rural county designation; and Medicare Advantage payment quartiles.

All correlation coefficients indicated relatively weak relationships.

Correlation coefficients were less than 10 percent (positive or negative) when testing the relationship between Medicare Advantage penetration in 2015 and the following variables: Medicare Advantage payment quartiles; average beneficiary age; share of beneficiaries that were new to Medicare in 2015; local poverty rates; the share of beneficiaries who were disabled; and the percent of Medicare Advantage enrollees in employer-sponsored (group) plans. The correlations between Medicare Advantage penetration in 2015 and the percent of Medicare Advantage enrollees in PPOs and between Medicare Advantage penetration in 2015 and the average traditional Medicare spending in a county were each negative 18 percent. More moderate correlation coefficients were observed between 2015 penetration rates and the following variables: number of new Medicare beneficiaries (23%); rural county designation (-27%); risk-adjusted Medicare Advantage rebate amounts (30%); the percent of Medicare Advantage enrollees in HMOs (38%); and year of the oldest active Medicare Advantage plan (-40%).

Correlations were similarly weak (less than positive or negative 10%) between the Medicare Advantage annual penetration growth rate in a given county between 2010 and 2015 and the following county-based variables: share of beneficiaries new to Medicare; average beneficiary age; Medicare Advantage payment quartiles; percent of Medicare Advantage enrollees in Special Needs Plans; percent of Medicare Advantage enrollees in employer-sponsored (group) plans; share of beneficiaries who were disabled; rural county designation; year of the oldest active Medicare Advantage plan; and average traditional Medicare spending in a county. The relationship between growth rates and the remaining variables – percent of Medicare Advantage enrollees in HMOs, percent of Medicare Advantage enrollees in PPOs, risk-adjusted Medicare Advantage rebate amounts, and local poverty rates – did not exceed 18 percent.



# Appendix

**Table 1: The 5 Largest Counties by Penetration Group, 2015**

State	County	Medicare Beneficiaries, 2015	Medicare Advantage Penetration Rate, 2015	Average Annual Medicare Advantage Penetration Growth Rate, 2010 - 2015
<b>All Counties MA Penetration &gt; 50</b>				
Florida	Miami-Dade	420,702	62%	4%
California	Riverside	321,249	57%	4%
Florida	Broward	283,971	54%	3%
California	San Bernardino	257,419	58%	4%
Pennsylvania	Allegheny	247,434	62%	1%
<b>All Counties MA Penetration 40- 50%</b>				
California	Los Angeles	1,344,850	48%	5%
Arizona	Maricopa	587,995	43%	0%
California	San Diego	463,635	47%	3%
California	Orange	443,197	47%	3%
New York	Kings	340,846	41%	4%
<b>All Counties MA Penetration 30- 40%</b>				
Texas	Harris	465,027	39%	7%
Michigan	Wayne	312,564	32%	16%
Nevada	Clark	294,530	39%	2%
Florida	Palm Beach	288,386	37%	4%
Texas	Dallas	286,947	30%	9%
<b>All Counties MA Penetration 20- 30%</b>				
Illinois	Cook	769,309	23%	20%
New York	Suffolk	266,811	21%	5%
Massachusetts	Middlesex	248,347	23%	0%
New York	Nassau	244,636	24%	4%
New York	Westchester	162,885	24%	7%
<b>All Counties MA Penetration 10- 20%</b>				
New Jersey	Bergen	158,800	14%	6%
New Jersey	Ocean	142,923	18%	5%
Maryland	Montgomery	142,262	10%	5%
Massachusetts	Essex	142,201	19%	2%
Illinois	DuPage	138,544	17%	29%
<b>All Counties MA Penetration 0- 10%</b>				
Maryland	Baltimore	146,830	9%	0%
Delaware	New Castle	89,223	10%	17%
Maryland	Anne Arundel	83,847	6%	-1%
New Hampshire	Hillsborough	69,740	8%	4%
California	Monterey	57,418	2%	10%

SOURCE: Kaiser Family Foundation analysis of CMS MA State/County Penetration Files, March 2015.

**Table 2: The 50 Largest Counties with the Highest Medicare Advantage Penetration Rate, 2015  
- Sorted high to low by Medicare Advantage Penetration Rate, 2015**

State	County	Medicare Beneficiaries, 2015	Medicare Advantage Penetration Rate, 2015	Average Annual Medicare Advantage Penetration Growth Rate, 2010 - 2015
Pennsylvania	Westmoreland	84,964	66%	1%
New York	Monroe	142,272	63%	1%
Pennsylvania	Allegheny	247,434	62%	1%
Florida	Miami-Dade	420,702	62%	4%
Oregon	Clackamas	71,193	61%	1%
California	San Bernardino	257,419	58%	4%
Oregon	Multnomah	110,238	58%	2%
Oregon	Marion	55,898	58%	1%
Oregon	Washington	74,146	57%	2%
California	Riverside	321,249	57%	4%
Louisiana	Jefferson	79,016	57%	3%
New York	Erie	185,347	56%	2%
Minnesota	Dakota	57,488	55%	5%
Minnesota	Hennepin	174,325	55%	4%
Minnesota	Ramsey	81,420	55%	4%
Colorado	Jefferson	92,064	54%	1%
Washington	Clark	73,150	54%	3%
New York	Bronx	187,059	54%	5%
Florida	Broward	283,971	54%	3%
Florida	Pasco	113,780	53%	4%
Colorado	Adams	53,543	53%	1%
North Carolina	Forsyth	63,689	53%	3%
Ohio	Stark	78,836	52%	3%
Florida	Hernando	52,948	52%	5%
Ohio	Summit	101,919	52%	5%
Ohio	Mahoning	52,328	51%	4%
Oregon	Lane	73,866	51%	2%
North Carolina	Guilford	84,408	50%	7%
Michigan	Kent	96,075	50%	9%
Colorado	Denver	83,249	50%	2%
New Mexico	Bernalillo	111,188	49%	3%
Ohio	Montgomery	104,217	49%	4%
Texas	El Paso	113,527	49%	9%
Ohio	Franklin	162,974	48%	5%
Texas	Nueces	53,651	48%	5%
Hawaii	Honolulu	165,753	48%	3%
California	Los Angeles	1,344,850	48%	5%
California	Orange	443,197	47%	3%
Pennsylvania	Dauphin	50,092	47%	3%
Florida	Polk	133,749	47%	7%
Florida	Hillsborough	202,003	47%	4%
California	San Diego	463,635	47%	3%
Idaho	Ada	62,962	47%	3%
Arizona	Pima	187,732	47%	2%
Florida	Pinellas	219,663	46%	5%
California	Contra Costa	175,189	46%	1%
Florida	Volusia	128,192	46%	4%
Louisiana	Orleans	55,895	46%	4%
Washington	Snohomish	106,900	45%	5%
California	Placer	71,991	45%	0%

NOTE: Only counties with more than 50,000 Medicare beneficiaries are included.

SOURCE: Kaiser Family Foundation analysis of CMS MA State/County Penetration Files, March 2015.

**Table 3: The 50 Largest Counties with the Lowest Medicare Advantage Penetration Rate, 2015  
– Sorted low to high by Medicare Advantage Penetration Rate, 2015**

State	County	Medicare Beneficiaries, 2015	Medicare Advantage Penetration Rate, 2015	Average Annual Medicare Advantage Penetration Growth Rate, 2010 - 2015
California	Monterey	57,418	2%	10%
Delaware	Sussex	56,315	5%	20%
Maryland	Anne Arundel	83,847	6%	-1%
New Jersey	Atlantic	51,231	8%	0%
New Hampshire	Rockingham	55,764	8%	5%
New Hampshire	Hillsborough	69,740	8%	4%
Maryland	Baltimore	146,830	9%	0%
Delaware	New Castle	89,223	10%	17%
Maryland	Montgomery	142,262	10%	5%
New Jersey	Morris	82,111	10%	2%
Massachusetts	Barnstable	68,530	11%	4%
Illinois	Lake	97,077	12%	34%
California	San Luis Obispo	54,536	12%	-1%
Virginia	Fairfax	132,787	12%	5%
District of Columbia	Washington	87,367	13%	6%
Maryland	Baltimore City	96,704	13%	-1%
California	Tulare	56,553	13%	5%
New Jersey	Monmouth	111,656	13%	4%
New Jersey	Mercer	62,089	14%	3%
New Jersey	Bergen	158,800	14%	6%
Maryland	Prince George's	113,587	14%	4%
Massachusetts	Plymouth	96,905	14%	0%
California	Santa Barbara	69,527	15%	-5%
Indiana	Lake	85,379	15%	34%
New Jersey	Middlesex	122,907	15%	6%
Massachusetts	Bristol	110,259	15%	3%
Virginia	Va. Beach City	62,735	16%	7%
Alabama	Madison	57,237	16%	8%
South Carolina	Horry	72,635	16%	11%
New Jersey	Burlington	80,871	16%	0%
New York	Orange	56,986	17%	13%
Illinois	DuPage	138,544	17%	29%
New Jersey	Camden	88,147	18%	1%
New York	Dutchess	53,869	18%	10%
New Jersey	Ocean	142,923	18%	5%
South Carolina	Charleston	63,423	18%	11%
New York	Rockland	53,270	18%	6%
Connecticut	New London	50,507	18%	12%
Arkansas	Pulaski	69,860	18%	9%
Massachusetts	Norfolk	119,955	18%	-1%
New Jersey	Passaic	76,897	18%	8%
Massachusetts	Essex	142,201	19%	2%
Iowa	Polk	65,437	19%	4%
New Jersey	Union	80,955	19%	6%
Kansas	Sedgwick	78,223	19%	7%
Illinois	Will	89,668	19%	33%
South Carolina	Richland	56,264	19%	6%
Illinois	Kane	66,644	20%	21%
Florida	Collier	84,003	21%	13%
New York	Suffolk	266,811	21%	5%

NOTE: Only counties with more than 50,000 Medicare beneficiaries are included.

SOURCE: Kaiser Family Foundation analysis of CMS MA State/County Penetration Files, March 2015.

**Table 4: The 50 Largest Counties with the Highest Medicare Advantage Average Annual Growth, 2010 - 2015 - Sorted high to low by Average Annual Medicare Advantage Penetration Growth Rate**

State	County	Medicare Beneficiaries, 2015	Medicare Advantage Penetration Rate, 2015	Average Annual Medicare Advantage Penetration Growth Rate, 2010 - 2015
Indiana	Lake	85,379	15%	34%
Illinois	Lake	97,077	12%	34%
Illinois	Will	89,668	19%	33%
Illinois	DuPage	138,544	17%	29%
Texas	Hidalgo	90,690	35%	25%
Michigan	Washtenaw	51,064	28%	23%
Illinois	Kane	66,644	20%	21%
Illinois	Cook	769,309	23%	20%
Delaware	Sussex	56,315	5%	20%
Michigan	Macomb	160,039	31%	19%
Michigan	Oakland	217,794	31%	18%
Texas	Travis	113,201	25%	17%
Delaware	New Castle	89,223	10%	17%
Texas	Cameron	55,294	38%	16%
Michigan	Wayne	312,564	32%	16%
Florida	Lake	86,782	32%	15%
North Carolina	Mecklenburg	119,517	31%	15%
Florida	Citrus	51,772	32%	14%
North Carolina	Wake	117,475	31%	14%
Michigan	Genesee	83,653	35%	14%
Maine	Cumberland	56,599	28%	13%
Florida	Collier	84,003	21%	13%
New York	Orange	56,986	17%	13%
Florida	Sumter	59,153	32%	13%
New York	Onondaga	87,400	36%	12%
Connecticut	New London	50,507	18%	12%
South Carolina	Charleston	63,423	18%	11%
South Carolina	Horry	72,635	16%	11%
Florida	Sarasota	123,056	26%	11%
California	Monterey	57,418	2%	10%
New Jersey	Hudson	77,792	22%	10%
Texas	Denton	73,775	28%	10%
Massachusetts	Suffolk	100,001	22%	10%
Indiana	Marion	133,993	27%	10%
Florida	Escambia	62,360	28%	10%
New York	Dutchess	53,869	18%	10%
Illinois	Madison	50,492	30%	10%
North Carolina	Buncombe	53,135	25%	10%
Florida	Duval	139,652	31%	10%
Texas	El Paso	113,527	49%	9%
Wisconsin	Milwaukee	145,125	41%	9%
Texas	Fort Bend	67,623	33%	9%
Florida	Marion	101,107	39%	9%
Connecticut	Hartford	160,972	29%	9%
Arkansas	Pulaski	69,860	18%	9%
Georgia	Fulton	118,697	36%	9%
Georgia	DeKalb	89,849	39%	9%
Florida	Charlotte	58,326	31%	9%
Georgia	Gwinnett	85,751	35%	9%
Tennessee	Shelby	135,639	26%	9%

NOTE: Only counties with more than 50,000 Medicare beneficiaries are included.

SOURCE: Kaiser Family Foundation analysis of CMS MA State/County Penetration Files, March 2015.

**Table 5: The 50 Largest Counties with the Lowest Medicare Advantage Average Annual Growth, 2010 - 2015 - Sorted low to high by Average Annual Medicare Advantage Penetration Growth Rate**

State	County	Medicare Beneficiaries, 2015	Medicare Advantage Penetration Rate, 2015	Average Annual Medicare Advantage Penetration Growth Rate, 2010 - 2015
California	Santa Barbara	69,527	15%	-5%
Pennsylvania	Montgomery	146,236	27%	-3%
California	Solano	67,849	39%	-2%
Pennsylvania	Chester	82,420	24%	-2%
Maryland	Anne Arundel	83,847	6%	-1%
Maryland	Baltimore City	96,704	13%	-1%
Pennsylvania	Bucks	121,609	32%	-1%
Pennsylvania	Delaware	98,396	28%	-1%
California	San Luis Obispo	54,536	12%	-1%
Massachusetts	Norfolk	119,955	18%	-1%
Massachusetts	Worcester	140,243	35%	0%
Arizona	Pinal	66,374	37%	0%
New Jersey	Burlington	80,871	16%	0%
New Jersey	Atlantic	51,231	8%	0%
California	Placer	71,991	45%	0%
Maryland	Baltimore	146,830	9%	0%
Massachusetts	Middlesex	248,347	23%	0%
Oklahoma	Tulsa	100,323	30%	0%
Arizona	Maricopa	587,995	43%	0%
Rhode Island	Providence	111,469	37%	0%
Pennsylvania	Philadelphia	245,320	43%	0%
Massachusetts	Plymouth	96,905	14%	0%
California	Contra Costa	175,189	46%	1%
Oregon	Marion	55,898	58%	1%
California	Marin	53,125	36%	1%
California	San Mateo	116,237	44%	1%
Pennsylvania	Westmoreland	84,964	66%	1%
California	Kern	104,434	36%	1%
California	Alameda	218,647	42%	1%
New York	Richmond	80,747	40%	1%
New York	Monroe	142,272	63%	1%
Pennsylvania	Allegheny	247,434	62%	1%
New Jersey	Camden	88,147	18%	1%
Colorado	Adams	53,543	53%	1%
Oregon	Clackamas	71,193	61%	1%
California	Sacramento	226,661	45%	1%
Colorado	Jefferson	92,064	54%	1%
Alabama	Jefferson	123,132	43%	1%
Pennsylvania	Erie	54,310	45%	1%
Colorado	Denver	83,249	50%	2%
Nevada	Clark	294,530	39%	2%
Arizona	Pima	187,732	47%	2%
Colorado	Arapahoe	80,342	44%	2%
Pennsylvania	Berks	77,402	34%	2%
Oregon	Multnomah	110,238	58%	2%
Oregon	Washington	74,146	57%	2%
New York	Erie	185,347	56%	2%
Massachusetts	Essex	142,201	19%	2%
California	Fresno	124,905	30%	2%
California	Ventura	129,251	29%	2%

NOTE: Only counties with more than 50,000 Medicare beneficiaries are included.

SOURCE: Kaiser Family Foundation analysis of CMS MA State/County Penetration Files, March 2015.

# Endnotes

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<sup>1</sup> G. Jacobson, A. Damico, T. Neuman, and M. Gold. “Medicare Advantage 2015 Spotlight: Enrollment Market Update.” Washington DC: Henry J. Kaiser Family Foundation, June 2015. Available at: <http://kff.org/medicare/issue-brief/medicare-advantage-2015-spotlight-enrollment-market-update/>

<sup>2</sup> A. Frakt. “Gingrich’s Correct Prediction About Medicare’s Future.” The New York Times, July, 2014. Available at: <http://www.nytimes.com/2014/07/08/upshot/gingrichs-correct-prediction-about-medicares-future.html>

<sup>3</sup> Congressional Budget Office. “March 2015 Medicare Baseline.” March 9, 2015. Available at: <https://www.cbo.gov/sites/default/files/cbofiles/attachments/44205-2015-03-Medicare.pdf>