

RUPRI Center for Rural Health Policy Analysis

Data Report

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Metropolitan and Nonmetropolitan Medicare Advantage Enrollment 2025

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Background

The RUPRI Center has a long history of producing annual reports on Medicare Advantage (MA) enrollment. These reports have documented the growth of the program in both metropolitan and nonmetropolitan counties. While the overall penetration of MA (i.e., the proportion of Medicare enrollees in MA plans) in the United States surpassed 50 percent (54.7 percent) in the Center's 2024 enrollment update,¹ nonmetropolitan enrollment had not yet passed that mark. This data report is an interim review of MA enrollment while we await the release of updated detailed Medicare enrollment data.

Data and Methods

State/County MA enrollment data for March 2021-2025 were downloaded from a CMS website.² Our regular annual reports use Medicare Monthly Enrollment data that provides information necessary to establish eligibility for MA enrollment based on enrollment in both Medicare Parts A and B. Other CMS data sources (such as the State/County MA enrollment data used in this document) report on the total population eligible for Medicare, which will include many beneficiaries (such as those enrolled in Part A only) not generally eligible for enrollment in MA plans. Given the resulting larger beneficiary denominator, the rates published here may be smaller than rates published elsewhere. Appendix Table 1 illustrates the differences in the eligible and enrollment counts, and penetration rates between the data source used in this report and the source typically used in RUPRI annual MA enrollment updates.

Connecticut is not included in this analysis due to a change in how the state configured county equivalents and subsequent inconsistent enrollment data reporting by CMS over the years of this report.* Urban Influence Codes (UIC)³ were used to classify counties as metropolitan (UIC: 1,4) and nonmetropolitan (UIC: 2,3,5-9).

* In 2022, the US Census Bureau formally recognized Connecticut's Councils of Government (COG) as county equivalents. During the period of the data in this report, CMS reported Connecticut Medicare enrollment by county until 2022 when it switched to reporting by COG. The available data does not support converting counts between the two types of geography. Therefore, Connecticut data has been excluded from this report.



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Findings

Table 1 shows that, in 2025, MA penetration continued to climb in both metropolitan and nonmetropolitan counties. While both the overall and metropolitan penetration rates have surpassed 50 percent, enrollment in nonmetropolitan counties has yet to cross that mark (46.0 percent in 2025). The table also shows that the rate of growth in MA penetration has slowed in the last few years, with a substantial diminution in rate of growth in 2025.

Table 1. MA Penetration Rates 2021-2025

| | Overall Penetr.* | Metro. Penetr.* | Nonmet. Penetr.* | Overall Growth† | Metro. Growth† | Nonmet. Growth† |
|------|-------------------------|------------------------|-------------------------|------------------------|-----------------------|------------------------|
| 2021 | 42.8% | 44.6% | 34.3% | --- | --- | --- |
| 2022 | 45.7% | 47.3% | 38.4% | 6.8% | 5.9% | 12.2% |
| 2023 | 48.3% | 49.6% | 42.1% | 5.6% | 4.9% | 9.5% |
| 2024 | 50.4% | 51.5% | 44.9% | 4.3% | 3.9% | 6.7% |
| 2025 | 51.1% | 52.2% | 46.0% | 1.5% | 1.4% | 2.3% |

* Penetration rate.

† Rate of growth from previous year.

Data Source: CMS MA State/County Penetration data.

Table 2 shows the proportion of counties with changes in the MA penetration rate. Every year between 2022 and 2024 very few counties saw a decrease in the proportion of beneficiaries enrolled in an MA plan. But that changed dramatically in 2025 when 22.1 percent of all counties saw either a decrease or no growth in their rate of MA penetration. This noteworthy change occurred in both metropolitan (21.8 percent) and nonmetropolitan (22.3 percent) counties. In 2025, four states saw MA penetration rates decrease in more than half of their counties: Vermont (100.0 percent), Kentucky (96.7 percent), Hawaii (80.0 percent), and New York (62.9 percent). In 2025, five states (Delaware, Maine, Maryland, New Hampshire, Pennsylvania) saw the MA penetration rate increase in all of their counties.

Table 2. County Changes in MA Penetration Rates 2021-2025

| | Overall Decreased/Flat | Metropolitan Decreased/Flat | Nonmetropolitan Decreased/Flat |
|------|-------------------------------|------------------------------------|---------------------------------------|
| 2021 | --- | --- | --- |
| 2022 | 1.6% | 0.3% | 2.3% |
| 2023 | 1.8% | 0.2% | 2.8% |
| 2024 | 3.4% | 1.8% | 4.4% |
| 2025 | 22.1% | 21.8% | 22.3% |

Data Source: CMS MA State/County Penetration data.

Table 3 shows the 2025 MA penetration rates in the states overall and by metropolitan and nonmetropolitan beneficiaries. Twenty-seven states had overall rates of more than 50 percent; only two had rates below 20 percent. Michigan had the highest overall (63.4 percent), metropolitan (63.8 percent), and nonmetropolitan (61.8 percent) penetration rates. States with the lowest nonmetropolitan rates were Alaska (1.9 percent), California (13.9 percent), Wyoming (18.0 percent) and Kansas (19.6 percent). Although California's nonmetropolitan penetration rate is among the lowest, it should be noted that 52.8 percent of the state's metropolitan beneficiaries are enrolled in an MA plan. Oregon also has a very large difference between metropolitan (62.0 percent) and nonmetropolitan (26.7 percent) penetration rates. Interestingly, the nonmetropolitan MA penetration rate is higher than the metropolitan rate in eight states: Virginia, South Carolina, Kentucky, Georgia, West Virginia, Pennsylvania, New York, and New Hampshire.

Table 3. State MA Penetration Rates 2025

| State | Overall | Metro. | Nonmet. |
|--------------------------|---------|--------|---------|
| Alabama | 60.7% | 60.9% | 60.1% |
| Alaska | 2.3% | 2.5% | 1.9% |
| Arizona | 51.7% | 52.2% | 42.3% |
| Arkansas | 46.5% | 46.7% | 46.4% |
| California | 51.5% | 52.8% | 13.9% |
| Colorado | 53.3% | 56.4% | 36.4% |
| Connecticut ^a | --- | --- | --- |
| D.C. ^b | 34.6% | 34.6% | --- |
| Delaware | 32.9% | 34.2% | 30.7% |
| Florida | 57.3% | 57.6% | 50.5% |
| Georgia | 55.6% | 54.9% | 58.1% |
| Hawaii | 54.0% | 55.7% | 48.5% |
| Idaho | 50.5% | 55.8% | 37.0% |
| Illinois | 43.7% | 44.6% | 39.5% |
| Indiana | 50.8% | 51.0% | 50.4% |
| Iowa | 38.4% | 44.5% | 30.7% |
| Kansas | 33.3% | 40.2% | 19.6% |
| Kentucky | 51.8% | 50.4% | 53.6% |
| Louisiana | 56.8% | 58.7% | 47.8% |
| Maine | 59.0% | 59.4% | 58.5% |
| Maryland | 25.4% | 25.8% | 20.5% |
| Massachusetts | 36.2% | 36.4% | 26.3% |
| Michigan | 63.4% | 63.8% | 61.8% |
| Minnesota | 60.7% | 62.1% | 57.3% |
| Mississippi | 44.1% | 46.2% | 42.3% |
| Missouri | 54.2% | 56.7% | 47.8% |
| Montana | 30.0% | 32.4% | 27.6% |

| State | Overall | Metro. | Nonmet. |
|---------------------------|--------------|--------------|--------------|
| Nebraska | 34.2% | 40.2% | 25.6% |
| Nevada | 52.0% | 54.1% | 33.5% |
| New Hampshire | 35.5% | 35.2% | 35.9% |
| New Jersey ^b | 41.1% | 41.1% | --- |
| New Mexico | 49.8% | 53.8% | 41.2% |
| New York | 52.2% | 52.1% | 53.5% |
| North Carolina | 57.3% | 57.9% | 55.3% |
| North Dakota | 35.4% | 38.0% | 32.2% |
| Ohio | 57.3% | 58.7% | 51.7% |
| Oklahoma | 41.7% | 45.7% | 34.8% |
| Oregon | 55.1% | 62.0% | 26.7% |
| Pennsylvania | 54.5% | 54.2% | 56.2% |
| Rhode Island ^b | 60.0% | 60.0% | --- |
| South Carolina | 46.5% | 45.5% | 51.7% |
| South Dakota | 37.3% | 40.1% | 34.5% |
| Tennessee | 53.6% | 54.0% | 52.7% |
| Texas | 54.6% | 55.7% | 47.7% |
| Utah | 54.1% | 56.2% | 43.1% |
| Vermont | 30.6% | 34.5% | 28.9% |
| Virginia | 39.3% | 37.8% | 46.3% |
| Washington | 49.5% | 52.8% | 30.3% |
| West Virginia | 55.5% | 54.4% | 57.0% |
| Wisconsin | 58.2% | 59.9% | 54.2% |
| Wyoming | 19.3% | 22.1% | 18.0% |
| Total | 51.1% | 52.2% | 46.0% |

Data Source: CMS MA State/County Penetration data.

a. MA penetration data was not available for Connecticut.

b. D.C., New Jersey, and Rhode Island have no nonmetropolitan counties.

References

1. Ullrich F, and Mueller K. "Medicare Advantage Enrollment Update 2024" *Rural Policy Brief* (2025). RUPRI Center for Rural Health Policy Analysis. Accessed 5/7/2025. <https://rupri.public-health.uiowa.edu/publications/policybriefs/2025/2024%20MA%20Enrollment%20Update.pdf>
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Appendix

Appendix Table 1 shows the number of Medicare eligibles, number of MA enrollees, and the MA penetration as calculated from two different data sources. It also shows the percent variation in the numbers from those two sources. The first set of columns display the State/County MA enrollment data (data used in this report) and the second set of columns display the Medicare Monthly Enrollment (MME) data (preferred data) . Note that the MME Medicare beneficiary column represents the number of beneficiaries enrolled in both Medicare Parts A and B whereas the State/County beneficiary column represents all beneficiaries regardless of their enrollment status. As expected, the State/County Medicare beneficiary count is larger than that reported in the MME data and that larger denominator produces smaller MA penetration rates. For example, the row for the year 2024 shows that there is very little difference (0.2 percent) between the number of MA enrollees reported by the two data sources. But there is a 7.8 percent difference (as reported in the first "Variation" column) between the number of Medicare beneficiaries reported in the State/County MA Enrollment Data (65.0M) and the number reported by the MME data source (59.9M). That large difference between the two Medicare beneficiary counts (i.e., the denominators) produced penetration measures that differed by 8.3 percent. The point to note here is that while there is variation between the two data sources, that variation is consistent over time.

Appendix Table 1. Medicare Beneficiaries, MA Enrollment and Penetration 2021-2024 By Data Source

| Year | SC* MCare Bene. | SC* MA Enroll. | SC* Penet. | MME† MCare Bene. | MME† MA Enroll. | MME† Penet. | MCare Bene. Var.◇ | MA Enroll Var.◇ | Penet. Var.◇ |
|------|-----------------------|----------------------|---------------|------------------------|-----------------------|----------------|-------------------------|-----------------------|-----------------|
| 2021 | 61.2M | 26.2M | 42.8% | 56.3M | 26.2M | 46.5% | 8.1% | 0.1% | -8.7% |
| 2022 | 62.3M | 28.5M | 45.7% | 57.3M | 28.4M | 49.6% | 8.0% | 0.2% | -8.5% |
| 2023 | 63.6M | 30.7M | 48.3% | 58.7M | 30.7M | 52.3% | 7.8% | 0.1% | -8.3% |
| 2024 | 65.0M | 32.7M | 50.4% | 59.9M | 32.7M | 54.5% | 7.8% | 0.2% | -8.3% |

* State/County MA Enrollment Data.

† Medicare Monthly Enrollment (MME) Data.

◇ Percent variation between the State/County data source and the Medicare Monthly Enrollment data source.

Data Source: CMS MA State/County Penetration data and Medicare Monthly Enrollment data.