

Table 12.3
Medicare Risk/Medicare+Choice/Medicare
Advantage Contracts: Calendar Years 1987-2011

Year	Risk Contracts
1987	161
1988	154
1989	131
1990	96
1991	93
1992	95
1993	109
1994	154
1995	183
1996	241
1997	307
1998	346
1999	309
2000	266
2001	179
2002	155
2003	151
2004	154
2005	302
2006	367
2007	408
2008	509
2009	521
2010	510
2011	509

NOTE: Data are as of December of each year. For all years, only active RISK contracts, including Local Coordinated Care Plans (CCP), Preferred Provider Organizations (PPO), and Provider Sponsored Organizations (PSO) are included. All other organization types, Private Fee-for-Service plans (PFFS), Program of All-Inclusive Care for the Elderly (PACE), COST, PPO, PPO DEMO, and Regional PPO (RPPO) are excluded. The 2009 data reflects approximately 20 consolidations. That is, if an entire contract consolidated (and consequently, did not reappear for 2010) then that contract was not counted in the number of risk plans.

SOURCE: Centers for Medicare & Medicaid Services, Center for Drug and Health Plan Choice: Data from the Medicare Managed Care Contract (MMCC) Summary reports, 1987-current year of reporting; data development by the Office of Information Products and Data Analytics.