



**Plan Directory
for
Medicare Advantage, Cost,
PACE, and Demonstration
Organizations**

Sorted by Contract Number

**CPC/MDBG/DPD
August 2012**

IMPORTANT NOTES

1. This directory contains information for Medicare Advantage, demonstration, PACE, and cost organizations that have an active contract with CMS at the time of the directory's publication.
2. These data have been extracted from the Health Plan Management System (HPMS), maintained by the Center for Drug and Health Plan Choice/Medicare Drug Benefit and C & D Data Group/Division of Plan Data (CPC/MDBG/DPD).
3. This directory will be updated on a monthly basis.
4. The plan directory contact data is maintained by each organization in HPMS. If an organization needs to update its contact data, the plan user should use the following navigation path in HPMS: HPMS Homepage > Contract Management > Contract Management > Select a Contract Number > Contact Data > Plan Directory Contact for Public Website.
5. The enrollment number displayed in this directory has been pulled from the "Monthly Enrollment by Contract" file posted on the CMS public website at:
http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/02_EnrollmentData.asp
6. This enrollment number represents the number of enrollees for which the contract received payment for the month.
7. As asterisk in place of the enrollment number indicates that the count is less than 10.
8. Pilot contracts are excluded from this directory.

Contract Number: 90091
Legal Entity Name: UNITED MINE WORKERS OF AMERICA HEALTH & RETIREMENT
Organization Marketing Name: United Mine Workers of America Health & Retirement
Parent Organization: UMWA Health and Retirement Funds

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 02/01/1974 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 29,420 Legal Entity Address: 2121 K STREET, N.W. SUITE 350 City: WASHINGTON State: DC Zip: 20037	Contact Title: Name: Health Call Center Phone: 1-800-291-1425 Extension: Fax: 1-304-256-2626 Email: Health1@umwafunds.org Address: P.O. Box 2320 City: Beckley State: WV Zip: 25802 Last Updated: 04/24/2009
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Contract Number: H0084
Legal Entity Name: CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY
Organization Marketing Name: Care Improvement Plus
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 6,469 Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 212012473	Contact Title: Name: Provider Relations Phone: 1-866-679-3119 Extension: Fax: Email: providerrelations@careimprovementplus.com Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201 Last Updated: 01/26/2011
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Contract Number: H0104
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF ALABAMA
Organization Marketing Name: Blue Cross and Blue Shield of Alabama
Parent Organization: BlueCross BlueShield of Alabama

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 41,572 Legal Entity Address: 450 RIVERCHASE PARKWAY EAST City: BIRMINGHAM State: AL Zip: 35244	Contact Title: CMS Operations Manager Name: Sharon R Smith Phone: 1-800-517-6425 Extension: Fax: Email: OpsCompliance@bcbsal.org Address: 450 Riverchase Parkway East City: Birmingham State: AL Zip: 35244 Last Updated: 03/27/2012
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Contract Number: H0105
Legal Entity Name: THE METHODIST OAKS
Organization Marketing Name: The Methodist Oaks d.b.a. The Oaks PACE
Parent Organization: The Methodist Oaks

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 107 Legal Entity Address: 153 Founders Court Orangeburg City: Orangeburg State: SC Zip: 29118	Contact Title: Business Office Manager Name: Deborah Hair Phone: 1-803-534-1212 Extension: 1113 Fax: 1-803-535-1540 Email: drobinson@theoakssc.com Address: P.O.Drawer 327 City: Orangeburg State: SC Zip: 29116 Last Updated: 02/27/2012
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Contract Number: H0108 Legal Entity Name: HUMANA HEALTH PLAN OF CALIFORNIA, INC. Organization Marketing Name: Humana Health Plan of California, Inc. Parent Organization: Humana Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 13,889 Legal Entity Address: 500 West Main Street City: Louisville State: KY Zip: 40202	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
Contract Number: H0117 Legal Entity Name: WELLCARE OF OHIO, INC. Organization Marketing Name: WellCare Parent Organization: WellCare Health Plans, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 4,966 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: Sr Dir, Medicare Compliance Name: Wendy Reynolds Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 07/23/2012
Contract Number: H0141 Legal Entity Name: CARESOURCE MICHIGAN Organization Marketing Name: CareSource Parent Organization: CareSource Management Group Co.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 554 Legal Entity Address: 2900 West Road, Suite 201 City: Lansing State: MI Zip: 48823	Contact Title: Director of Communications Name: Michelle Chapman Phone: 1-937-224-3300 Extension: 2910 Fax: 1-937-425-0864 Email: michelle.chapman@caresource.com Address: P. O. Box 8738 City: Dayton State: OH Zip: 45401 Last Updated: 12/14/2009
Contract Number: H0150 Legal Entity Name: HEALTHSPRING OF ALABAMA, INC. Organization Marketing Name: Healthspring of Alabama, Inc. Parent Organization: CIGNA	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1994 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 38,184 Legal Entity Address: Two Chase Corporate Drive Ste 300 City: Hoover State: AL Zip: 35244	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-800-668-3813 Extension: Fax: Email: Wendy.Wetzel@healthspring.com Address: PO Box 20002 City: Nashville State: TN Zip: 37207 Last Updated: 09/28/2011

Contract Number: H0151
Legal Entity Name: UNITEDHEALTHCARE OF ALABAMA, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1995 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 36,388 Legal Entity Address: 13621 NW 12TH ST City: SUNRISE State: FL Zip: 33323	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H0154
Legal Entity Name: VIVA HEALTH, INC.
Organization Marketing Name: VIVA Medicare Plus
Parent Organization: UAB Health System

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1998 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 38,183 Legal Entity Address: 1222 14th Avenue South City: BIRMINGHAM State: AL Zip: 35205	Contact Title: Manager of Sales and Marketing Operations Name: Tony Ceasar Phone: 1-205-558-7558 Extension: Fax: 1-205-393-1748 Email: tceasar@uabmc.edu Address: 1222 14th Avenue South City: Birmingham State: AL Zip: 35205 Last Updated: 12/10/2010
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Contract Number: H0216
Legal Entity Name: PACE IOWA
Organization Marketing Name: Immanuel Pathways
Parent Organization: Immanuel

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 01/01/2012 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Kansas City Enrollment: 39 Legal Entity Address: 1702 North 16th Street City: Council Bluffs State: IA Zip: 51503	Contact Title: Executive Director Name: Cheri Mundt Phone: 1-712-256-7284 Extension: Fax: 1-712-256-4695 Email: cmundt@immanuelpathways.org Address: 1702 N 16th Street City: Council Bluffs State: IA Zip: 51503 Last Updated: 09/02/2011
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Contract Number: H0248
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 5,424 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H0251
Legal Entity Name: UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 29,005 Legal Entity Address: 1300 River Drive, Suite 200 City: Moline State: IL Zip: 61265	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 01/03/2011
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Contract Number: H0294
Legal Entity Name: CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY
Organization Marketing Name: Care Improvement Plus
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 168 Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201	Contact Title: Name: Provider Relations Phone: 1-866-679-3119 Extension: Fax: Email: providerrelations@careimprovementplus.com Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201 Last Updated: 02/18/2011
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Contract Number: H0302
Legal Entity Name: BANNER MEDISUN, INC.
Organization Marketing Name: Banner MediSun
Parent Organization: Banner Health

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1999 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 23,055 Legal Entity Address: 13950 W. Meeker Blvd City: Sun City West State: AZ Zip: 85375	Contact Title: Name: Member Services Phone: 1-480-684-7834 Extension: Fax: Email: medisun@bannerhealth.com Address: 13950 W. Meeker Blvd City: Sun City West State: AZ Zip: 85375 Last Updated: 08/26/2011
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Contract Number: H0303
Legal Entity Name: PACIFICARE OF ARIZONA, INC
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1986 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 92,944 Legal Entity Address: 410 NORTH 44TH STREET PO BOX 52078 City: PHOENIX State: AZ Zip: 850722078	Contact Title: Name: Customer Service Phone: 1-888-866-8297 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H0307 Legal Entity Name: HUMANA HEALTH PLAN, INC. Organization Marketing Name: Humana Health Plan, Inc. Parent Organization: Humana Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1988 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 21,772 Legal Entity Address: 321 West Main Street, 12th Floor City: Louisville State: KY Zip: 40202	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
Contract Number: H0316 Legal Entity Name: UNITEDHEALTHCARE OF ARIZONA, INC. Organization Marketing Name: UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2004 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 26,350 Legal Entity Address: 9900 BREN ROAD EAST MAIL ROUTE MN008-W140 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
Contract Number: H0317 Legal Entity Name: HUMANA INSURANCE COMPANY Organization Marketing Name: Humana Insurance Company Parent Organization: Humana Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 9,810 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
Contract Number: H0318 Legal Entity Name: AETNA HEALTH, INC. (PA) Organization Marketing Name: Aetna Medicare Parent Organization: Aetna Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 1,358 Legal Entity Address: 980 Jolly Road City: BLUE BELL State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/22/2006

Contract Number: H0319
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,059 Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H0320
Legal Entity Name: ARCADIAN HEALTH PLAN, INC.
Organization Marketing Name: Desert Canyon Community Care
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 4,955 Legal Entity Address: 500 12th Street, Suite 350 City: OAKLAND State: CA Zip: 94607	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/05/2012
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Contract Number: H0321
Legal Entity Name: ARIZONA PHYSICIANS IPA, INC.
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 27,049 Legal Entity Address: 3141 North Third Avenue City: Phoenix State: AZ Zip: 85013	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 01/03/2011
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Contract Number: H0332
Legal Entity Name: KS PLAN ADMINISTRATORS, LLC
Organization Marketing Name: KelseyCare Advantage
Parent Organization: Kelsey-Seybold Medical Group, PLLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 23,137 Legal Entity Address: 2727 West Holcombe 4th Floor, Admin City: Houston State: TX Zip: 77025	Contact Title: Name: Member Services Phone: 1-713-442-2273 Extension: Fax: 1-713-442-9541 Email: margaret.drakeley@kelseycareadvantage.com Address: 8900 Lakes at 610 Dr. Suite 1100 City: Houston State: TX Zip: 77054 Last Updated: 01/14/2008
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Contract Number: H0346
Legal Entity Name: PACE VERMONT, INC.
Organization Marketing Name: PACE Vermont, Inc
Parent Organization: PACE VERMONT, INC.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 125 Legal Entity Address: 786 College Parkway City: Colchester State: VT Zip: 05446	Contact Title: Executive Director Name: Sharon Essi Phone: 1-802-655-6700 Extension: 101 Fax: 1-802-655-6760 Email: sessi@voa.org Address: 786 College Parkway City: Colchester State: VT Zip: 05446 Last Updated: 05/30/2012
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Contract Number: H0351
Legal Entity Name: HEALTH NET OF ARIZONA, INC.
Organization Marketing Name: Health Net of Arizona, Inc.
Parent Organization: Health Net, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1992 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 43,221 Legal Entity Address: 1230 W. Washington St. Suite 401 City: Tempe State: AZ Zip: 852812145	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-800-977-7522 Extension: Fax: Email: hnaz.salesmedicare@health.net Address: 1230 W. Washington St., Ste. 401 City: Tempe State: AZ Zip: 85281-2145 Last Updated: 08/23/2006
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Contract Number: H0354
Legal Entity Name: CIGNA HEALTHCARE OF ARIZONA, INC.
Organization Marketing Name: Cigna HealthCare of Arizona
Parent Organization: CIGNA

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 12/01/1992 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 35,689 Legal Entity Address: 11001 N. BLACK CANYON HIGHWAY City: PHOENIX State: AZ Zip: 85029	Contact Title: Name: Medicare Team Phone: 1-800-627-7534 Extension: Fax: Email: seniors@cigna.com Address: P.O. Box 42005 City: Phoenix State: AZ Zip: 85080 Last Updated: 03/29/2007
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Contract Number: H0390
Legal Entity Name: PACE OF SOUTHWEST MICHIGAN, INC.
Organization Marketing Name: PACE of Southwest Michigan
Parent Organization: Region IV Area Agency on Aging

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 08/01/2012 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: * Legal Entity Address: 2900 Lakeview Avenue City: St. Joseph State: MI Zip: 49085	Contact Title: Executive Director Name: Therese Saggau Phone: 1-269-982-7767 Extension: Fax: Email: theresesaggau@areaagencyonaging.org Address: 2900 Lakeview Avenue City: St. Joseph State: MI Zip: 49085 Last Updated: 03/20/2012
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Contract Number: H0401
Legal Entity Name: UNITEDHEALTHCARE OF ARKANSAS, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 3,862 Legal Entity Address: 9900 BREN ROAD EAST City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H0408
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 28 Legal Entity Address: 9900 Bren Road East MN008-T440 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H0423
Legal Entity Name: METROPLUS HEALTH PLAN, INC.
Organization Marketing Name: MetroPlus Health Plan
Parent Organization: New York City Health and Hospitals Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 5,978 Legal Entity Address: 160 Water Street 3rd Floor City: New York State: NY Zip: 10038	Contact Title: Medicare Director Name: Angel Tirado-Morales Phone: 1-212-908-8758 Extension: Fax: 1-212-908-8603 Email: TIRADA@NYCHHC.ORG Address: 160 Water Street 3rd Floor City: New York State: NY Zip: 10038 Last Updated: 05/04/2011
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Contract Number: H0490
Legal Entity Name: MOLINA HEALTHCARE OF OHIO
Organization Marketing Name: Molina Healthcare of Ohio
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 206 Legal Entity Address: 8101 NORTH HIGH STREET SUITE 180 City: COLUMBUS State: OH Zip: 432356609	Contact Title: Name: Member Services Phone: 1-800-665-0898 Extension: Fax: Email: CentralizedOps.Medicare@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 12/16/2011
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Contract Number: H0502
Legal Entity Name: CONTRA COSTA HEALTH PLAN
Organization Marketing Name: Contra Costa Health Plan
Parent Organization: Contra Costa Health Services

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 07/01/1977 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 502 Legal Entity Address: 595 CENTER AVENUE STE 100 City: MARTINEZ State: CA Zip: 94553	Contact Title: Sales and Outreach Manager Name: Wendy Mailer Phone: 1-925-957-7224 Extension: Fax: 1-925-313-6065 Email: Wendy.Mailer@hsd.cccounty.us Address: 595 Center Ave. Ste. 100 City: Martinez State: CA Zip: 94553 Last Updated: 04/12/2010
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Contract Number: H0504
Legal Entity Name: CALIFORNIA PHYSICIANS' SERVICE
Organization Marketing Name: Blue Shield of California
Parent Organization: California Physicians' Service

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1996 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 61,978 Legal Entity Address: 6300 CANOGA AVENUE City: WOODLAND HILLS State: CA Zip: 91367	Contact Title: Name: Member Services Phone: 1-800-776-4466 Extension: Fax: 1-818-228-5130 Email: membersvcs@blueshieldca.com Address: 6300 Canoga Avenue City: Woodland Hills State: CA Zip: 91367 Last Updated: 07/09/2007
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Contract Number: H0523
Legal Entity Name: AETNA HEALTH OF CALIFORNIA, INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1986 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 25,185 Legal Entity Address: 2409 CAMINO RAMON City: SAN RAMON State: CA Zip: 94583	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/22/2006
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Contract Number: H0524
Legal Entity Name: KAISER FOUNDATION HP, INC.
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 853,094 Legal Entity Address: P.O. BOX 12916 City: OAKLAND State: CA Zip: 946042916	Contact Title: Name: Member Services Phone: 1-800-443-0815 Extension: Fax: Email: msc@kp.org Address: 393 E Walnut St Fl 7 City: Pasadena State: CA Zip: 91188 Last Updated: 04/17/2009
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Contract Number: H0542
Legal Entity Name: ALTAMED HEALTH SERVICES CORPORATION
Organization Marketing Name: AltaMed Senior BuenaCare
Parent Organization: Altamed Health Services Corporation

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 858 Legal Entity Address: 2040 CAMFIELD AVE City: LOS ANGELES State: CA Zip: 90040	Contact Title: SBC PACE Center Manager Name: Jhones T Vergara Phone: 1-323-728-0411 Extension: Fax: 1-323-890-8761 Email: jvergara@altamed.org Address: 5425 E Pomona Blvd City: Los Angeles State: CA Zip: 90022 Last Updated: 06/20/2008
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Contract Number: H0543
Legal Entity Name: UNITEDHEALTHCARE OF CALIFORNIA
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1985 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 327,437 Legal Entity Address: 5995 PLAZA DRIVE City: CYPRESS State: CA Zip: 90630	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/10/2011
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Contract Number: H0544
Legal Entity Name: CAREMORE HEALTH PLAN
Organization Marketing Name: CareMore Health Plan
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/2003 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 49,748 Legal Entity Address: 12900 Park Plaza Drive SUITE 150 City: CERRITOS State: CA Zip: 90703	Contact Title: Manager of Membership & Eligibility Dept. Name: Lisa Sarinana Phone: 1-562-622-2900 Extension: 4381 Fax: 1-562-741-4412 Email: Lisa.Sarinana@Caremore.com Address: 12900 Park Plaza Drive Suite 150 City: Cerritos State: CA Zip: 90703 Last Updated: 10/25/2010
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Contract Number: H0545
Legal Entity Name: INTER VALLEY HEALTH PLAN, INC.
Organization Marketing Name: Inter Valley Health Plan
Parent Organization: InterValley Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1986 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 18,506 Legal Entity Address: 300 SOUTH PARK PO BOX 6002 City: POMONA State: CA Zip: 917696002	Contact Title: Manager, Enrollment & Reimbursement Name: Kim Porter Phone: 1-800-251-8191 Extension: 426 Fax: Email: cmscasework@ivhp.com Address: 300 S. Park Ave. City: Pomona State: CA Zip: 91766 Last Updated: 09/19/2006
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Contract Number: H0562
Legal Entity Name: HEALTH NET OF CALIFORNIA
Organization Marketing Name: Health Net of California
Parent Organization: Health Net, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1992 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 136,717	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-800-275-4737 Extension: Fax: Email: member_services@healthnet.com Address: P.O. Box 10198 City: Van Nuys State: CA Zip: 91410-0198 Last Updated: 08/21/2006
Legal Entity Address: 21281 BURBANK BLVD. BUILDING B City: WOODLAND HILLS State: CA Zip: 91367	

Contract Number: H0564
Legal Entity Name: BLUE CROSS OF CALIFORNIA
Organization Marketing Name: Anthem Blue Cross
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1993 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 12,140	Contact Title: Name: Customer Service Phone: 1-888-230-7338 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	

Contract Number: H0571
Legal Entity Name: CHINESE COMMUNITY HEALTH PLAN
Organization Marketing Name: Chinese Community Health Plan
Parent Organization: Chinese Hospital Association

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1994 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 8,444	Contact Title: Manager of Marketing Name: YoungSoo Cho Phone: 1-415-955-8800 Extension: 3309 Fax: 1-415-955-8819 Email: ycho@cchphmo.com Address: 445 Grant Avenue Suite 700 City: San Francisco State: CA Zip: 94108 Last Updated: 05/31/2012
Legal Entity Address: 445 Grant Avenue Suite 700 City: SAN FRANCISCO State: CA Zip: 94108	

Contract Number: H0602
Legal Entity Name: ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION
Organization Marketing Name: Rocky Mountain Health Plans
Parent Organization: Rocky Mountain HMO, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 11/01/1977 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 24,226	Contact Title: Name: RMHP Customer Service Phone: 1-800-346-4643 Extension: Fax: Email: customer_service@rmhp.org Address: PO Box 10600 City: Grand Junction State: CO Zip: 81502 Last Updated: 09/10/2008
Legal Entity Address: 2775 CROSSROADS BLVD City: GRAND JUNCTION State: CO Zip: 81506	

Contract Number: H0609
Legal Entity Name: PACIFICARE OF COLORADO, INC
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1986 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 78,241 Legal Entity Address: 6455 YOSEMITE STREET City: GREENWOOD VILLAG State: CO Zip: 80111	Contact Title: Name: Customer Service Phone: 1-888-866-8297 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H0613
Legal Entity Name: TOTAL LONGTERM CARE, INC.
Organization Marketing Name: Total Longterm Care, Inc.
Parent Organization: Total Community Options, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 04/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 1,826 Legal Entity Address: 8950 E. Lowry Blvd. City: DENVER State: CO Zip: 80230	Contact Title: AVP Medicare and Medicaid Compliance Name: Matthew Zimmerman Phone: 1-303-869-4664 Extension: Fax: 1-303-996-1600 Email: mzimmerman@totallongtermcare.org Address: 8950 East Lowry Boulevard City: Denver State: CO Zip: 80230 Last Updated: 11/17/2010
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Contract Number: H0620
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,202 Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H0621
Legal Entity Name: COLORADO ACCESS
Organization Marketing Name: Colorado Access Advantage
Parent Organization: Colorado Access

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 3,314 Legal Entity Address: 10065 EAST HARVARD AVENUE SUITE 600 City: DENVER State: CO Zip: 80231	Contact Title: Name: Customer Service Phone: 1-303-751-2657 Extension: Fax: Email: Customer.Service@coaccess.com Address: 10065 E. Harvard Ave Suite 600 City: Denver State: CO Zip: 80231 Last Updated: 09/09/2010
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Contract Number: H0623
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 8,419 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H0624
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,971 Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H0630
Legal Entity Name: KAISER FOUNDATION HP OF CO
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1986 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 79,250 Legal Entity Address: 10350 E Dakota Avenue PO Box 378066 City: Denver State: CO Zip: 80247	Contact Title: Name: Member Services Phone: 1-800-632-9700 Extension: Fax: 1-303-338-3444 Email: colorado.cs@kp.org Address: 2500 S. Havana St. City: Aurora State: CO Zip: 80014 Last Updated: 08/24/2006
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Contract Number: H0657
Legal Entity Name: COLORADO CHOICE HEALTH PLANS
Organization Marketing Name: Colorado Choice Health Plans
Parent Organization: Colorado Choice Health Plans

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1994 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 776 Legal Entity Address: 700 Main Street, Suite 100 City: Alamosa State: CO Zip: 81101	Contact Title: Compliance Analyst Name: April Gonzales Phone: 1-719-589-3696 Extension: Fax: 1-719-589-4901 Email: agonzales@slvhmo.com Address: 700 Main Street, Suite 100 City: Alamosa State: CO Zip: 81101 Last Updated: 01/31/2011
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Contract Number: H0710
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2004 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 3,393 Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H0712
Legal Entity Name: WELLCARE OF CONNECTICUT, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 5,078 Legal Entity Address: 116 WASHINGTON AVENUE City: NORTH HAVEN State: CT Zip: 06437	Contact Title: Sr Dir, Medicare Compliance Name: Wendy Reynolds Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 07/23/2012
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Contract Number: H0752
Legal Entity Name: OXFORD HEALTH PLANS (CT), INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1995 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 3,067 Legal Entity Address: 48 MONROE TURNPIKE City: TRUMBULL State: CT Zip: 061115031	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/13/2011
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Contract Number: H0755
Legal Entity Name: OXFORD HEALTH PLANS (CT), INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 12/01/1996 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 42,856 Legal Entity Address: 48 Monroe Turnpike City: Trumbull State: CT Zip: 061115031	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/14/2011
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Contract Number: H0819
Legal Entity Name: SENIOR LIFE YORK
Organization Marketing Name: York County PACE
Parent Organization: Grane Healthcare

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2011 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 70 Legal Entity Address: 1460 Memory Lane Ext. City: York State: PA Zip: 17402	Contact Title: Chief Executive Officer Name: Mark Irwin Phone: 1-814-535-6000 Extension: 101 Fax: 1-814-248-7902 Email: Mirwin@grane.com Address: 401 Broad Street City: Johnstown State: PA Zip: 15906 Last Updated: 02/16/2010
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Contract Number: H0838
Legal Entity Name: UNIVERSAL CARE, INC.
Organization Marketing Name: Brand New Day
Parent Organization: Universal Care, Inc

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,313 Legal Entity Address: 1680 EAST HILL STREET Building 3 City: SIGNAL HILL State: CA Zip: 90755	Contact Title: Executive Vice President / Compliance Officer Name: Connie Snyder Phone: 1-866-221-2282 Extension: Fax: 1-562-427-2563 Email: connie_snyder@universalcare.com Address: 1680 East Hill Street Bldg. 3, Floor 3rd City: Signal Hill State: CA Zip: 90755 Last Updated: 12/28/2011
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Contract Number: H0901
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 231 Legal Entity Address: 980 Jolly Road City: BLUE BELL State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/22/2006
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Contract Number: H0908
Legal Entity Name: BUCKEYE COMMUNITY HEALTH PLAN, INC.
Organization Marketing Name: Advantage by Buckeye Community Health Plan
Parent Organization: Centene Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 872 Legal Entity Address: 175 South Third Street, Suite 1200 City: Columbus State: OH Zip: 43215	Contact Title: Compliance Director Name: Nicole Slee Phone: 1-614-220-4900 Extension: 24065 Fax: 1-866-704-3064 Email: nslee@centene.com Address: 175 South Third Street, Suite 1200 City: Columbus State: OH Zip: 43215 Last Updated: 02/24/2011
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Contract Number: H0913
Legal Entity Name: WELLCARE HEALTH PLANS OF NEW JERSEY, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 2,198 Legal Entity Address: P.O. Box 26011 City: Tampa State: FL Zip: 336236011	Contact Title: Sr Dir, Medicare Compliance Name: Wendy Reynolds Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 07/23/2012
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Contract Number: H0979
Legal Entity Name: AMERICA'S 1ST CHOICE INSURANCE COMPANY OF NC, INC.
Organization Marketing Name: AMERICA'S 1ST CHOICE INSURANCE COMPANY OF NC, INC.
Parent Organization: America's 1st Choice Holdings of N.C., LLC

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 3,498 Legal Entity Address: 250 Berryhill Road Suite 311 City: Columbia State: SC Zip: 29210	Contact Title: Associate VP NC/SC/GA Name: Jane Young Phone: 1-803-748-4533 Extension: 2223 Fax: Email: AFCOPS@americas1stchoice.com Address: 250 Berryhill Rd Suite 311 City: Columbia State: SC Zip: 29210 Last Updated: 02/07/2012
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Contract Number: H1013
Legal Entity Name: COVENTRY HEALTH PLAN OF FLORIDA, INC
Organization Marketing Name: Coventry Health Plan of Florida
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1987 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 6,344 Legal Entity Address: 1340 Concord Terrace City: Sunrise State: FL Zip: 33323	Contact Title: VP, Govt Programs Name: Luisa Charbonneau Phone: 1-800-847-3995 Extension: Fax: Email: lycharbonnea@cvtly.com Address: 1340 Concord Terrace City: Sunrise State: FL Zip: 33323 Last Updated: 08/11/2011
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Contract Number: H1016
Legal Entity Name: AVMED, INC
Organization Marketing Name: AvMed Medicare
Parent Organization: AvMed, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 31,329 Legal Entity Address: 4300 N.W. 89TH BLVD. City: GAINESVILLE State: FL Zip: 32606	Contact Title: Manager, Medicare Compliance Name: Jacqueline Crews Phone: 1-352-372-8400 Extension: 40832 Fax: 1-352-337-8820 Email: jackie.crews@avmed.org Address: AvMed Health Plans 4300 NW 89 Blvd. City: Gainesville State: FL Zip: 32606 Last Updated: 06/27/2008
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Contract Number: H1019
Legal Entity Name: CAREPLUS HEALTH PLANS, INC.
Organization Marketing Name: CarePlus Health Plans, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1998 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 64,772 Legal Entity Address: 11430 NW 20th Street Suite 300 City: Doral State: FL Zip: 33172	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 05/10/2012
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Contract Number: H1026
Legal Entity Name: HEALTH OPTIONS, INC
Organization Marketing Name: Florida Blue HMO
Parent Organization: Blue Cross and Blue Shield of Florida

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1986 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 12,154 Legal Entity Address: 4800 Deerwood Campus Parkway Building 100 / 8th Floor City: Jacksonville State: FL Zip: 32246	Contact Title: Compliance Specialist Name: Debbie DeArmas Phone: 1-904-905-4688 Extension: Fax: 1-904-475-7034 Email: Debbie.DeArmas@bcbsfl.com Address: 4800 Deerwood Campus Pkwy DCC Building 100, 7th Floor City: Jacksonville State: FL Zip: 32246 Last Updated: 06/02/2011
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Contract Number: H1032
Legal Entity Name: WELL CARE OF FLORIDA, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2000 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 66,110 Legal Entity Address: 8735 Henderson Road City: TAMPA State: FL Zip: 33634	Contact Title: Sr Dir, Medicare Compliance Name: Wendy Reynolds Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 07/23/2012
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Contract Number: H1035
Legal Entity Name: FLORIDA HEALTH CARE PLAN, INC.
Organization Marketing Name: Florida Health Care Plan, Inc.
Parent Organization: Blue Cross and Blue Shield of Florida

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 11/01/1985 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 13,021 Legal Entity Address: 1340 Ridgewood Avenue City: Holly Hill State: FL Zip: 32117	Contact Title: Manager of Government Contracts Name: Christine Laks Phone: 1-800-352-9824 Extension: 4050 Fax: 1-386-615-4045 Email: claks@fhcp.com Address: 1340 Ridgewood Avenue City: Holly Hill State: FL Zip: 32117 Last Updated: 07/22/2011
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Contract Number: H1036
Legal Entity Name: HUMANA MEDICAL PLAN, INC.
Organization Marketing Name: Humana Medical Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1986 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 281,392 Legal Entity Address: 3501 SW 160th Avenue City: Miramar State: FL Zip: 33027	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H1043
Legal Entity Name: FLORIDA PACE CENTERS, INC.
Organization Marketing Name: Florida Pace Centers, Inc.
Parent Organization: Florida PACE Centers, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 01/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 235 Legal Entity Address: MIAMI JEWISH HOME/HOSP. FOR AGED 5200 NORTHEAST SECOND AVENUE City: MIAMI State: FL Zip: 33137	Contact Title: Program Coordinator Name: Miriam Pastor Phone: 1-786-457-2383 Extension: Fax: 1-305-762-3847 Email: mpastor@mjhha.org Address: 5200 NE 2nd Avenue City: Miami State: FL Zip: 33137 Last Updated: 06/25/2012
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Contract Number: H1045
Legal Entity Name: PREFERRED CARE PARTNERS INC.
Organization Marketing Name: Preferred Care Partners, Inc.
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2002 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 51,916 Legal Entity Address: 9100 SOUTH DADELAND BLVD. SUITE 1250 City: MIAMI State: FL Zip: 33156	Contact Title: Compliance Director Name: Brenda Lezama Phone: 1-305-670-8440 Extension: 1242 Fax: 1-305-670-4085 Email: blezama@mypreferredcare.com Address: 9100 S. Dadeland Blvd. Suite 1250 City: Miami State: FL Zip: 33156 Last Updated: 03/12/2010
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Contract Number: H1076
Legal Entity Name: COVENTRY HEALTH CARE OF FLORIDA, INC
Organization Marketing Name: Coventry Health Care of Florida
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1995 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 3,480 Legal Entity Address: 1340 Concord Terrace City: Sunrise State: FL Zip: 33323	Contact Title: VP, Govt Programs Name: Luisa Charbonneau Phone: 1-800-847-3995 Extension: Fax: Email: lycharbonnea@cvtly.com Address: 1340 Concord Terrace City: Sunrise State: FL Zip: 33323 Last Updated: 08/11/2011
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Contract Number: H1080
Legal Entity Name: UNITEDHEALTHCARE OF FLORIDA, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1996 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 33,771 Legal Entity Address: 4350 WEST CYPRESS ST. SUITE 908 City: TAMPA State: FL Zip: 33607	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H1099
Legal Entity Name: HEALTH FIRST HEALTH PLANS, INC.
Organization Marketing Name: Health First Medicare Plans
Parent Organization: Health First

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1997 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 23,605 Legal Entity Address: 6450 US HIGHWAY 1 City: ROCKLEDGE State: FL Zip: 32955747	Contact Title: Name: Customer Service Phone: 1-321-434-5665 Extension: Fax: Email: fhfinfo@Health-First.org Address: 6450 US Highway 1 City: Rockledge State: FL Zip: 32955 Last Updated: 09/11/2006
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Contract Number: H1108
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 5,091 Legal Entity Address: 9900 BREN ROAD EAST MN800-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H1109
Legal Entity Name: AETNA HEALTH INC.(GEORGIA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 3,018 Legal Entity Address: 11675 Great Oaks Way City: Alpharetta State: GA Zip: 30022	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H1110
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 4,386 Legal Entity Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H1111
Legal Entity Name: UNITEDHEALTHCARE OF GEORGIA, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 6,145 Legal Entity Address: 9900 Bren Road E City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H1112
Legal Entity Name: WELLCARE OF GEORGIA, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 16,212 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: Sr Dir, Medicare Compliance Name: Wendy Reynolds Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 07/23/2012
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Contract Number: H1170
Legal Entity Name: KAISER FOUNDATION HP OF GA, INC.
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 17,768 Legal Entity Address: 3495 PIEDMONT ROAD BUILDING 9 City: ATLANTA State: GA Zip: 30305	Contact Title: Name: Member Services Phone: 1-800-232-4440 Extension: Fax: 1-404-364-4939 Email: kpnet@kp.org Address: 3495 Piedmont Road NE Ten Piedmont Center City: Atlanta State: GA Zip: 30305 Last Updated: 06/03/2011
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Contract Number: H1200
Legal Entity Name: KAISER FOUNDATION HP, INC.
Organization Marketing Name: Kaiser Permanente Medicare Cost
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 175 Legal Entity Address: 711 KAPIOLANI BLVD City: HONOLULU State: HI Zip: 96813	Contact Title: Medicare Compliance Consultant Name: Shawn Ripley Phone: 1-808-432-5425 Extension: Fax: 1-808-432-5427 Email: shawn.x.ripley@kp.org Address: 711 Kapiolani Blvd. City: Honolulu State: HI Zip: 96813 Last Updated: 06/03/2011
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Contract Number: H1216
Legal Entity Name: HARMONY HEALTH PLAN OF ILLINOIS, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 3,139 Legal Entity Address: 23 Public Square Suite 400 City: Belleville State: IL Zip: 62220	Contact Title: Sr Dir, Medicare Compliance Name: Wendy Reynolds Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 07/23/2012
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Contract Number: H1230
Legal Entity Name: KAISER FOUNDATION HP, INC.
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1986 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 26,566 Legal Entity Address: 711 KAPIOLANI BLVD City: HONOLULU State: HI Zip: 96813	Contact Title: Medicare Compliance Consultant Name: Shawn Ripley Phone: 1-808-432-5425 Extension: Fax: 1-808-432-5427 Email: shawn.x.ripley@kp.org Address: 711 Kapiolani Blvd. City: Honolulu State: HI Zip: 96813 Last Updated: 09/15/2010
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Contract Number: H1234
Legal Entity Name: LIFE ST. FRANCIS
Organization Marketing Name: LIFE St. Francis
Parent Organization: Catholic Health East

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 04/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 183 Legal Entity Address: 1435 Liberty St. City: Hamilton State: NJ Zip: 08629	Contact Title: Name: Jill Ann Viggiano Phone: 1-609-475-4701 Extension: Fax: 1-609-475-4661 Email: jviggiano@stfrancismedical.org Address: 1435 Liberty St. City: Hamilton State: NJ Zip: 08629 Last Updated: 03/18/2009
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Contract Number: H1251
Legal Entity Name: HAWAII MEDICAL SERVICE ASSOCIATION (HMSA)
Organization Marketing Name: HMSA's 65C Plus
Parent Organization: Hawaii Medical Service Association

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1998 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 7,387 Legal Entity Address: 10 - GA 818 Keeaumoku St City: Honolulu State: HI Zip: 96814	Contact Title: Manager Name: Kevin Unger Phone: 1-800-790-4672 Extension: Fax: Email: kevin_unger@hmsa.com Address: 534 - CR 818 Keeaumoku St City: Honolulu State: HI Zip: 96814 Last Updated: 02/07/2009
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Contract Number: H1264
Legal Entity Name: WELLCARE OF TEXAS, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 13,319 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: Sr Dir, Medicare Compliance Name: Wendy Reynolds Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 07/23/2012
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Contract Number: H1286
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 13,994 Legal Entity Address: 9900 Bren Road East MN008-T440 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H1291
Legal Entity Name: HUMANA INSURANCE COMPANY OF NEW YORK
Organization Marketing Name: Humana Insurance Company of New York
Parent Organization: Humana Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 590 Legal Entity Address: 125 Wolf Road Suite 501 City: Albany State: NY Zip: 122051253	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H1302
Legal Entity Name: BLUE CROSS OF IDAHO HLTH SERVICES INC
Organization Marketing Name: Blue Cross of Idaho
Parent Organization: Blue Cross of Idaho Health Services, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 12,380 Legal Entity Address: 3000 E Pine Ave City: MERIDIAN State: ID Zip: 83642	Contact Title: Mgr Customer Advocates Name: Sheri Core Phone: 1-888-494-2583 Extension: Fax: 1-208-387-6811 Email: score@bcidaho.com Address: 3000 E. Pine Ave. City: Meridian State: ID Zip: 83642 Last Updated: 01/07/2011
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Contract Number: H1303
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 11,235 Legal Entity Address: 9900 BREN ROAD EAST City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H1304
Legal Entity Name: REGENCE BLUE SHIELD OF IDAHO
Organization Marketing Name: Regence BlueShield Of Idaho
Parent Organization: Cambia Health Solutions, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 5,016 Legal Entity Address: 201 High Street SE PO Box 12625 City: SALEM State: OR Zip: 97309	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 03/03/2011
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Contract Number: H1310
Legal Entity Name: COMPREHENSIVE SENIOR CARE CORPORATION
Organization Marketing Name: CentraCare
Parent Organization: Comprehensive Senior Care Corporation

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 04/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 113 Legal Entity Address: 200 W. Michigan Avenue Suite 103 City: Battle Creek State: MI Zip: 49017	Contact Title: Executive Director Name: Rod Auton Phone: 1-269-441-9300 Extension: Fax: 1-269-441-9329 Email: r.auton@mycentracare.com Address: 200 West Michigan Suite 103 City: Battle Creek State: MI Zip: 49017 Last Updated: 05/12/2010
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Contract Number: H1350
Legal Entity Name: BLUE CROSS OF IDAHO HEALTH SERVICES, INC
Organization Marketing Name: Blue Cross of Idaho
Parent Organization: Blue Cross of Idaho Health Services, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 19,643 Legal Entity Address: 3000 E. PINE AVE. City: MERIDIAN State: ID Zip: 83642	Contact Title: Mgr Customer Advocates Name: Sheri Core Phone: 1-888-494-2583 Extension: Fax: 1-208-387-6811 Email: score@bcidaho.com Address: 3000 E. Pine Ave. City: Meridian State: ID Zip: 83642 Last Updated: 01/07/2011
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Contract Number: H1365
Legal Entity Name: MARTIN'S POINT GENERATIONS, LLC
Organization Marketing Name: Martin's Point Generations Advantage
Parent Organization: Martin's Point Health Care, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 1,619 Legal Entity Address: PO Box 9746 331 Veranda St. City: Portland State: ME Zip: 04104	Contact Title: Vice President Medicare Name: Larry Henry Phone: 1-888-732-7364 Extension: Fax: Email: larry.henry@martinspoint.org Address: P. O. Box 9746 891 Washington Avenue City: Portland State: ME Zip: 04104 Last Updated: 01/04/2012
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Contract Number: H1406
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1985 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 33,568 Legal Entity Address: 321 West Main Street, 12th Floor City: Louisville State: KY Zip: 40202	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H1415
Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC.
Organization Marketing Name: HealthSpring, Inc.
Parent Organization: CIGNA

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 11,771 Legal Entity Address: 9701 W Higgins Road SUITE 360 City: Rosemont State: IL Zip: 60018	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-800-668-3813 Extension: Fax: Email: Wendy.Wetzel@healthspring.com Address: PO Box 20002 City: Nashville State: TN Zip: 37207 Last Updated: 09/28/2011
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Contract Number: H1416
Legal Entity Name: HARMONY HEALTH PLAN OF ILLINOIS, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 11,598 Legal Entity Address: 125 SOUTH WACKER DRIVE SUITE 2600 City: CHICAGO State: IL Zip: 606064402	Contact Title: Sr Dir, Medicare Compliance Name: Wendy Reynolds Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 07/23/2012
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Contract Number: H1417
Legal Entity Name: HEALTH ALLIANCE MEDICAL PLANS
Organization Marketing Name: Health Alliance Medical Plans
Parent Organization: Health Alliance Medical Plans

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 05/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 5,865 Legal Entity Address: 301 S Vine St PO Box 6003 City: URBANA State: IL Zip: 61801	Contact Title: Medicare Services Manager Name: Jennifer Marquardt Phone: 1-217-337-8439 Extension: Fax: 1-217-337-3425 Email: Jennifer.Marquardt@healthalliance.org Address: 301 S. Vine St. City: Urbana State: IL Zip: 61801 Last Updated: 02/29/2008
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Contract Number: H1418
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 12,195 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H1419
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 630 Legal Entity Address: 980 Jolly Road City: Blue Bell State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H1463
Legal Entity Name: HEALTH ALLIANCE MEDICAL PLANS
Organization Marketing Name: Health Alliance Medical Plans
Parent Organization: Health Alliance Medical Plans

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1997 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 5,651 Legal Entity Address: 301 S Vine St PO Box 6003 City: URBANA State: IL Zip: 618013477	Contact Title: Medicare Services Manager Name: Jennifer Marquardt Phone: 1-217-337-8439 Extension: Fax: 1-217-337-3425 Email: Jennifer.Marquardt@healthalliance.org Address: 301 S. Vine St. City: Urbana State: IL Zip: 61801 Last Updated: 02/29/2008
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Contract Number: H1468
Legal Entity Name: HUMANA BENEFIT PLAN OF ILLINOIS, INC.
Organization Marketing Name: Humana Benefit Plan of Illinois, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1999 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 4,358 Legal Entity Address: 7915 N. Hale Avenue Suite D City: Peoria State: IL Zip: 61615	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H1500
Legal Entity Name: LIFE ST. JOSEPH OF THE PINES, INC.
Organization Marketing Name: LIFE St. Joseph of the Pines
Parent Organization: Life St. Joseph of the Pines, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 04/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 102 Legal Entity Address: 4900 Raeford Rd City: Fayetteville State: NC Zip: 28304	Contact Title: Executive Director Interim Name: Caroline Hendricks Phone: 1-910-483-4911 Extension: Fax: 1-910-246-3187 Email: chendricks@sjp.org Address: 100 Gossman Drive City: Southern Pines State: NC Zip: 28387 Last Updated: 02/20/2012
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Contract Number: H1509
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 240,890 Legal Entity Address: 9900 Bren Road E City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H1510
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 22,446 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H1517
Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 8,270 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-888-290-9160 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
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Contract Number: H1518
Legal Entity Name: CATHOLIC HEALTH SYSTEM BUFFALO PACE
Organization Marketing Name: Catholic Health LIFE
Parent Organization: Catholic Health System, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 09/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 104 Legal Entity Address: 55 Melroy Avenue City: Lackawanna State: NY Zip: 14218	Contact Title: Name: Thomas F Schifferli Phone: 1-716-819-5101 Extension: Fax: 1-716-819-5099 Email: tschiffer@chsbuffalo.org Address: 55 Melroy Av City: Lackawanna State: NY Zip: 14218 Last Updated: 08/18/2009
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Contract Number: H1537
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: * Legal Entity Address: UnitedHealthcare Lockbox 5818 City: Carol Stream State: IL Zip: 601975818	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 02/22/2011
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Contract Number: H1558
Legal Entity Name: WELBORN HEALTH PLAN
Organization Marketing Name: Welborn Health Plans
Parent Organization: Neighborhood Health Providers, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 11/01/1997 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: *	Contact Title: Director of Senior Products Name: David Marx Phone: 1-800-521-0265 Extension: Fax: 1-716-541-6365 Email: marx@welbornhealthplans.com Address: 101 SE Third St City: Evansville State: IN Zip: 47708
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Legal Entity Address: 101 S.E. Third Street

City: EVANSVILLE
State: IN
Zip: 47708

Last Updated: 01/26/2010

Contract Number: H1595
Legal Entity Name: HEALTHPLUS INSURANCE COMPANY
Organization Marketing Name: HealthPlus
Parent Organization: HealthPlus of Michigan

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,075	Contact Title: Director, Customer Service Name: Jeannine Lemonds Phone: 1-810-230-2018 Extension: Fax: 1-810-496-8440 Email: jlemonds@healthplus.org Address: 2050 S. Linden Road City: Flint State: MI Zip: 48532
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Legal Entity Address: 2050 S. Linden Rd.

City: Flint
State: MI
Zip: 48532

Last Updated: 01/03/2012

Contract Number: H1607
Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 12,716	Contact Title: Name: Customer Service Phone: 1-888-290-9160 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279
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Legal Entity Address: 1 WellPoint Way
 CAT201-C004
City: Thousand Oaks
State: CA
Zip: 90362

Last Updated: 07/19/2011

Contract Number: H1608
Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY
Organization Marketing Name: Coventry Health Care
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 8,456	Contact Title: Vice President, General Manager Name: Richard N Sloma Phone: 1-866-901-4692 Extension: Fax: Email: rsloma@cvt.com Address: 4320 114th St City: Urbandale State: IA Zip: 50322
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Legal Entity Address: 4320 114th Street

City: Urbandale
State: IA
Zip: 50322

Last Updated: 12/22/2011

Contract Number: H1609
Legal Entity Name: COVENTRY HEALTH CARE OF IOWA, INC.
Organization Marketing Name: Coventry Health Care
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 3,682 Legal Entity Address: 4320 114th Street City: Urbandale State: IA Zip: 50322	Contact Title: Vice President, General Manager Name: Richard N Sloma Phone: 1-866-901-4692 Extension: Fax: Email: msloma@cvtly.com Address: 4320 114th St City: Urbandale State: IA Zip: 50322 Last Updated: 12/21/2011
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Contract Number: H1651
Legal Entity Name: MEDICAL ASSOCIATES HEALTH PLAN, INC.
Organization Marketing Name: Medical Associates Health Plan, Inc.
Parent Organization: Medical Associates Clinic, P.C.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 02/01/1996 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 9,376 Legal Entity Address: 1605 Associates Drive, Suite 101 City: DUBUQUE State: IA Zip: 52002	Contact Title: Marketing Specialist Name: Julie Hoffmann Phone: 1-563-556-8070 Extension: Fax: 1-563-556-5134 Email: jhoffmann@mahealthcare.com Address: 1605 Associates Drive City: Dubuque State: IA Zip: 52002 Last Updated: 02/01/2007
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Contract Number: H1659
Legal Entity Name: PIEDMONT COMMUNITY HEALTHCARE, INC.
Organization Marketing Name: Piedmont Medicare Advantage
Parent Organization: Piedmont Community Health Plan

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 915 Legal Entity Address: 1937 Thomson Drive City: Lynchburg State: VA Zip: 24501	Contact Title: Medicare Advantage Product Manager Name: Lorie H Beneke Phone: 1-434-947-3671 Extension: 314 Fax: Email: lbeneke@pchp.net Address: 1937 Thomson Drive City: Lynchburg State: VA Zip: 24501 Last Updated: 03/29/2011
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Contract Number: H1681
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 7,301 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H1714
Legal Entity Name: VIA CHRISTI HEALTHCARE OUTREACH PROGRAM FOR ELDERS
Organization Marketing Name: Via Christi HOPE
Parent Organization: Via Christi Outreach Pgrm. Elders, Inc

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 09/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Kansas City Enrollment: 170 Legal Entity Address: 2622 W. Central - Suite 101 City: WICHITA State: KS Zip: 67203	Contact Title: CEO PACE Name: Justin Loewen Phone: 1-316-858-1111 Extension: Fax: Email: Justin.Loewen@viachristi.org Address: 2622 W Central, Suite 101 City: Wichita State: KS Zip: 67203 Last Updated: 05/17/2011
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Contract Number: H1716
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 12,733 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H1717
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 04/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,767 Legal Entity Address: 9900 BREN ROAD E. MN008-T500 City: MINNETONKA State: KS Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H1777
Legal Entity Name: CATHOLIC SPECIAL NEEDS PLAN, LLC
Organization Marketing Name: ArchCare Advantage,HMO SNP
Parent Organization: Catholic Health Care System

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 1,184 Legal Entity Address: 205 Lexington Avenue 14th Floor City: New York State: NY Zip: 10016	Contact Title: Director of Regulatory Affairs Name: Victor Fama Phone: 1-917-484-5055 Extension: Fax: 1-646-794-1400 Email: vfama@archcare.org Address: 205 Lexington Avenue 14th Floor City: New York State: NY Zip: 10016 Last Updated: 03/16/2012
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Contract Number: H1806
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 13,829 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H1846
Legal Entity Name: MOUNT CARMEL HEALTH INSURANCE COMPANY
Organization Marketing Name: MediGold
Parent Organization: Trinity Health

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 617 Legal Entity Address: 6150 E. Broad St. EE320 City: Columbus State: OH Zip: 43213	Contact Title: Provider Relations Call Center Name: Provider Call Center Phone: 1-800-991-9907 Extension: Fax: 1-614-546-4269 Email: mdennis2@mchs.com Address: 6150 E. Broad St, EE320 City: Columbus State: OH Zip: 43213 Last Updated: 02/28/2008
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Contract Number: H1849
Legal Entity Name: ANTHEM HEALTH PLANS OF KENTUCKY, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1998 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 9,560 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-888-290-9160 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
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Contract Number: H1903
Legal Entity Name: WELLCARE OF LOUISIANA, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2004 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 5,942 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: Plan Directory Contact Name: Mary L Solomon Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 08/17/2009
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Contract Number: H1904
Legal Entity Name: PACE GREATER NEW ORLEANS
Organization Marketing Name: Pace Greater New Orleans
Parent Organization: Catholic Charities Archdiocese of New Orleans

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 09/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 151 Legal Entity Address: 4201 N. Rampart St. City: NEW ORLEANS State: LA Zip: 70117	Contact Title: Internal Control Manager Name: Chantell H Reed Phone: 1-504-432-4248 Extension: Fax: Email: charmon@ccano.org Address: 4201 N RAMPART ST City: NEW ORLEANS State: LA Zip: 70117 Last Updated: 05/20/2011
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Contract Number: H1906
Legal Entity Name: HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.
Organization Marketing Name: Humana Health Benefit Plan of LA, Inc.
Parent Organization: Humana Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 05/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 1,765 Legal Entity Address: 1 Galleria Boulevard., Suite 850 City: Metairie State: LA Zip: 70001	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H1944
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 7,210 Legal Entity Address: 9900 Bren Road East Mail Route MN-008 W140 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H1951
Legal Entity Name: HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.
Organization Marketing Name: Humana Health Benefit Plan of Louisiana, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1994 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 90,927 Legal Entity Address: 1 Galleria Boulevard., Suite 850 City: Metairie State: LA Zip: 70001	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H1961
Legal Entity Name: PEOPLES HEALTH, INC.
Organization Marketing Name: Peoples Health
Parent Organization: PH Holdings, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1997 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 50,370 Legal Entity Address: Three Lakeway Center 3838 N Causeway Blvd., Suite 2200 City: Metairie State: LA Zip: 70002	Contact Title: Director Provider Relations Name: Meghan Courtney Phone: 1-504-849-4500 Extension: 8812 Fax: 1-504-849-6916 Email: meghan.courtney@peopleshealth.com Address: Three Lakeway Center 3838 N Causeway Blvd, Suite 2200 City: Metairie State: LA Zip: 70002 Last Updated: 02/21/2011
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Contract Number: H2001
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 4,890 Legal Entity Address: 9900 Bren Road E City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2012
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 74,678 Legal Entity Address: 321 West Main Street, 12th Floor City: Louisville State: KY Zip: 40202	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H2029
Legal Entity Name: HUMANA INSURANCE OF PUERTO RICO, INC.
Organization Marketing Name: Humana Insurance of Puerto Rico, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 3,788 Legal Entity Address: 383 F.D. Roosevelt Avenue 3rd Floor City: San Juan State: PR Zip: 00918	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H2034
Legal Entity Name: COMMUNITY CARE HEALTH PLAN, INC.
Organization Marketing Name: Community Care
Parent Organization: Community Care, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 245 Legal Entity Address: 1555 S Layton Blvd City: Milwaukee State: WI Zip: 53215	Contact Title: Name: Provider Hotline Phone: 1-866-937-2783 Extension: Fax: Email: claimsinquiries@communitycareinc.org Address: 1801 Dolphin Drive City: Waukesha State: WI Zip: 53186 Last Updated: 02/17/2010
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Contract Number: H2064
Legal Entity Name: GEISINGER COMMUNITY HEALTH SERVICES
Organization Marketing Name: LIFE Geisinger
Parent Organization: Geisinger Health System

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 06/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 174 Legal Entity Address: 100 North Academy Avenue MC 24-12 City: Danville State: PA Zip: 178222412	Contact Title: Operations Manager, LIFE Geisinger Name: Elizabeth Weingart Phone: 1-570-214-9790 Extension: Fax: 1-570-214-9791 Email: esweingart@geisinger.edu Address: 100 North Academy Avenue MC 24-12 City: Danville State: PA Zip: 17822-2412 Last Updated: 08/09/2011
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Contract Number: H2108
Legal Entity Name: BRAVO HEALTH MID- ATLANTIC INC.
Organization Marketing Name: Bravo Health
Parent Organization: CIGNA

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2001 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 24,300 Legal Entity Address: 3601 O'Donnell Street City: BALTIMORE State: MD Zip: 21224	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-800-668-3813 Extension: Fax: Email: Wendy.Wetzel@healthspring.com Address: PO Box 20002 City: Nashville State: TN Zip: 37207 Last Updated: 03/21/2012
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Contract Number: H2109
Legal Entity Name: JOHNS HOPKINS HEALTH SYSTEM, INC.
Organization Marketing Name: Hopkins ElderPlus
Parent Organization: The Johns Hopkins Health System Corporation

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 136 Legal Entity Address: 4940 EASTERN AVENUE MASON LORD BLDG.,EAST TOWER 1ST FLR City: BALTIMORE State: MD Zip: 21224	Contact Title: Director Name: Karen Armacost Phone: 1-410-550-7044 Extension: Fax: 1-410-550-7045 Email: karmaco1@jhmi.edu Address: 4940 Eastern Avenue, Mason Lord Bldg., East Tower, First Floor City: Baltimore State: MD Zip: 21224 Last Updated: 01/13/2012
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Contract Number: H2111
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 3,114 Legal Entity Address: 9900 BREN ROAD EAST City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2112
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 6,346 Legal Entity Address: 980 Jolly Road City: BLUE BELL State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H2150
Legal Entity Name: KAISER FNDN HP OF THE MID-ATLANTIC STS
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1991 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 47,576 Legal Entity Address: 2101 EAST JEFFERSON ST City: ROCKVILLE State: MD Zip: 20852	Contact Title: Member Services Name: Daisy Strickland Phone: 1-888-777-5536 Extension: Fax: 1-301-816-6192 Email: daisy.strickland@kp.org Address: 2101 East Jefferson St, 2nd floor West ATTN: Medicare Unit City: Rockville State: MD Zip: 20852 Last Updated: 11/20/2006
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Contract Number: H2161
Legal Entity Name: UPPER PENINSULA HEALTH PLAN, INC.
Organization Marketing Name: Upper Peninsula Health Plan Plus (HMO SNP)
Parent Organization: UPPER PENINSULA HEALTH PLAN, INC.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 276 Legal Entity Address: 228 W. Washington Street City: Marquette State: MI Zip: 49855	Contact Title: Assistant Director of Operations Name: Melissa Holmquist Phone: 1-906-225-7157 Extension: Fax: 1-906-225-7690 Email: mholmquist@uphp.com Address: UPHP 228 W. Washington Street City: Marquette State: MI Zip: 49855 Last Updated: 05/19/2011
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Contract Number: H2165
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
Organization Marketing Name: HealthSpring Life & Health
Parent Organization: CIGNA

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 2,480 Legal Entity Address: 2900 NORTH LOOP WEST SUITE 300 City: HOUSTON State: TX Zip: 77092	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-800-668-3813 Extension: Fax: Email: Wendy.Wetzel@healthspring.com Address: PO Box 20002 City: Nashville State: TN Zip: 37207 Last Updated: 09/28/2011
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Contract Number: H2174
Legal Entity Name: TRILLIUM COMMUNITY HEALTH PLAN
Organization Marketing Name: Trillium Advantage
Parent Organization: Agate Resources, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 3,378 Legal Entity Address: 1800 Millrace Drive City: Eugene State: OR Zip: 97403	Contact Title: Sr. VP of Medicaid and Medicare Services Name: Shannon Conley Phone: 1-541-485-2155 Extension: Fax: 1-541-984-5685 Email: sconley@trilliumchp.com Address: 1800 Millrace Drive City: Eugene State: OR Zip: 97403 Last Updated: 05/03/2011
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Contract Number: H2182
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 17,991 Legal Entity Address: c/o UnitedHealth Group/Ovations, 9900 Bren Rd East, Mail Rout MN008-W840 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2218
Legal Entity Name: HARBOR HEALTH SERVICES
Organization Marketing Name: Elder Service Plan of Harbor Health Services, Inc
Parent Organization: Harbor Health Services, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 403 Legal Entity Address: 1135 Morton Street City: Mattapan State: MA Zip: 02126	Contact Title: Community Outreach Manager Name: Lisa Yorra Phone: 1-617-533-2400 Extension: Fax: 1-617-533-2401 Email: lyorra@hhsi.us Address: 1135 Morton Street City: Mattapan State: MA Zip: 02126 Last Updated: 04/23/2010
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Contract Number: H2219
Legal Entity Name: FALLON COMMUNITY HEALTH PLAN
Organization Marketing Name: Summit ElderCare
Parent Organization: Fallon Community Health Plan

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 889 Legal Entity Address: 10 CHESTNUT STREET City: WORCESTER State: MA Zip: 01608	Contact Title: Director of Operations, Summit ElderCare Name: Anne Peepas, RN Phone: 1-508-368-9861 Extension: Fax: Email: Anne.Peepas@summiteldercare.org Address: Two Chestnut Place 10 Chestnut Street City: Worcester State: MA Zip: 01608 Last Updated: 05/09/2012
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Contract Number: H2220
Legal Entity Name: UPHAMS CORNER HEALTH COMMITTEE, INC.
Organization Marketing Name: Uphams Corner Health Committee, Inc.
Parent Organization: Uphams Corner Health Committee, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 195 Legal Entity Address: 500 Columbia Road Mail Stop 1140-08 City: DORCHESTER State: MA Zip: 02125	Contact Title: Director of Operations Name: Jagdeep Trivedi Phone: 1-617-288-0970 Extension: 11 Fax: 1-617-474-0757 Email: jtrivedi@partners.org Address: 1140 Dorchester Ave. City: Dorchester State: MA Zip: 02125 Last Updated: 04/16/2008
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Contract Number: H2221
Legal Entity Name: ELDER SRVC PLN/CAMBRIDGE HEALTH ALLIANCE
Organization Marketing Name: Elder Svc Pln/Cambridge Health Alliance
Parent Organization: Cambridge Health Alliance

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 225 Legal Entity Address: 270 GREEN STREET City: CAMBRIDGE State: MA Zip: 02139	Contact Title: Manager of Finance & Information Services Name: Estenieur Jean Phone: 1-617-665-3112 Extension: Fax: 1-617-665-3110 Email: ejean@challiance.org Address: 270 Green Street City: Cambridge State: MA Zip: 02139 Last Updated: 05/02/2011
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Contract Number: H2222
Legal Entity Name: ELDER SERVICE PLAN OF THE NORTH SHORE
Organization Marketing Name: Elder Service Plan Of The North Shore
Parent Organization: Elder Service Plan of the North Shore

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 765 Legal Entity Address: 37 FRIEND STREET City: LYNN State: MA Zip: 01902	Contact Title: Director Marketing Name: Rachel Kestner Phone: 1-781-715-6650 Extension: Fax: 1-781-715-6699 Email: rkestner@pacenorthshore.org Address: 37 Friend Street City: Lynn State: MA Zip: 01901 Last Updated: 01/26/2010
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Contract Number: H2223
Legal Entity Name: ELDER SVC PLN/E BOSTON HEALTH CENTER
Organization Marketing Name: Elder Svc Pln/E Boston Health Center
Parent Organization: Elder Svc Pln/E Boston Health Center

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 326 Legal Entity Address: 10 GOVE STREET City: EAST BOSTON State: MA Zip: 02128	Contact Title: Marketing Director Name: Pamela Pattavina Phone: 1-617-569-5800 Extension: Fax: Email: pattavip@EBNHC.ORG Address: 10 Gove St City: East Boston State: MA Zip: 02128 Last Updated: 11/09/2006
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Contract Number: H2224
Legal Entity Name: SENIOR WHOLE HEALTH, LLC
Organization Marketing Name: Senior Whole Health
Parent Organization: SWH Holdings, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2004 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 8,205 Legal Entity Address: 58 Charles Street, 2nd Floor City: CAMBRIDGE State: MA Zip: 02141	Contact Title: Chief Information Officer Name: Marie Maloney Phone: 1-617-494-5353 Extension: 6313 Fax: 1-617-494-5599 Email: MMaloney@seniorwholehealth.com Address: 58 Charles Street, 2nd Floor City: Cambridge State: MA Zip: 02141 Last Updated: 01/28/2010
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Contract Number: H2225
Legal Entity Name: COMMONWEALTH CARE ALLIANCE, INC.
Organization Marketing Name: Commonwealth Care Alliance, Inc.
Parent Organization: Commonwealth Care Alliance, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2004 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 4,014 Legal Entity Address: 30 WINTER STREET City: BOSTON State: MA Zip: 02108	Contact Title: Director of Regulatory Affairs Name: Gail Coleman Phone: 1-617-426-0600 Extension: 1236 Fax: 1-617-426-3097 Email: gcoleman@commonwealthcare.org Address: 30 Winter Street City: Boston State: MA Zip: 02108 Last Updated: 11/01/2011
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Contract Number: H2226
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/2004 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 7,855 Legal Entity Address: 9900 BREN ROAD EAST City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2228
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,937 Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2230
Legal Entity Name: BCBS OF MASSACHUSETTS HMO BLUE, INC.
Organization Marketing Name: Blue Cross Blue Shield of Massachusetts
Parent Organization: Blue Cross and Blue Shield of Massachusetts, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 15,205 Legal Entity Address: LANDMARK CENTER, 401 PARK DRIVE City: BOSTON State: MA Zip: 022153326	Contact Title: Name: Member Services Phone: 1-800-200-4255 Extension: Fax: Email: governmentprograms@bcbsma.com Address: 25 Technology Place Mailstop 03-02 City: Hingham State: MA Zip: 02043-4359 Last Updated: 06/10/2010
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Contract Number: H2237
Legal Entity Name: INDEPENDENT CARE HEALTH PLAN, INC.
Organization Marketing Name: iCare
Parent Organization: Independent Care Health Plan Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 4,800 Legal Entity Address: 1555 North River Center Drive Suite 206 City: Milwaukee State: WI Zip: 53212	Contact Title: Name: Customer Service Phone: 1-414-223-4847 Extension: Fax: Email: info@icare-wi.org Address: 1555 N Rivercenter Drive Suite 206 City: Milwaukee State: WI Zip: 53212 Last Updated: 01/19/2010
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Contract Number: H2241
Legal Entity Name: GOLDEN STATE MEDICARE HEALTH PLAN
Organization Marketing Name: Golden State Medicare Health Plan, Golden (HMO)
Parent Organization: Golden State Medicare Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 783 Legal Entity Address: 3010 Old Ranch Pkwy Suite 260 City: Seal Beach State: CA Zip: 90740	Contact Title: Name: Customer Service Phone: 1-877-541-4111 Extension: Fax: 1-562-799-0507 Email: customer.service@gsmhp.com Address: 3010 Old Ranch Pkwy Suite 260 City: Seal Beach State: CA Zip: 90740 Last Updated: 03/03/2010
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Contract Number: H2256
Legal Entity Name: TUFTS ASSOCIATED HMO, INC.
Organization Marketing Name: Tufts Health Plan Medicare Preferred
Parent Organization: TAHMO, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1994 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 90,572 Legal Entity Address: 705 Mt Auburn Street City: Watertown State: MA Zip: 02472	Contact Title: Marketing Specialist Name: Scott Johnson Phone: 1-617-972-9400 Extension: 8852 Fax: Email: scott_johnson@tufts-health.com Address: 705 Mt Auburn St City: Watertown State: MA Zip: 02472 Last Updated: 06/22/2012
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Contract Number: H2261
Legal Entity Name: BCBS OF MASSACHUSETTS HMO BLUE, INC.
Organization Marketing Name: Blue Cross Blue Shield of Massachusetts
Parent Organization: Blue Cross and Blue Shield of Massachusetts, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1996 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 11,912 Legal Entity Address: 401 PARK DRIVE City: BOSTON State: MA Zip: 02215	Contact Title: Name: Member Services Phone: 1-800-200-4255 Extension: Fax: Email: governmentprograms@bcbsma.com Address: 25 Technology Place Mailstop 03-02 City: Hingham State: MA Zip: 02043-4359 Last Updated: 06/10/2010
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Contract Number: H2312
Legal Entity Name: HEALTH ALLIANCE PLAN OF MICHIGAN
Organization Marketing Name: HAP Senior Plus
Parent Organization: Health Alliance Plan (HAP)

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 40,434 Legal Entity Address: 2850 W. GRAND BLVD. City: DETROIT State: MI Zip: 48202	Contact Title: Coach/Manager Tech Planning Name: Cindy Hoffman Phone: 1-248-443-7511 Extension: Fax: Email: choffma1@hap.org Address: 2850 W. Grand Blvd. City: Detroit State: MI Zip: 48202 Last Updated: 08/17/2006
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Contract Number: H2318
Legal Entity Name: CENTER FOR SENIOR INDEPENDENCE
Organization Marketing Name: Center for Senior Independence
Parent Organization: Henry Ford Health System

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 219 Legal Entity Address: 7800 W. OUTER DRIVE, SUITE 240 City: DETROIT State: MI Zip: 48235	Contact Title: Center Manager Name: Linda McCarver Phone: 1-313-543-6620 Extension: Fax: Email: lmccarv1@hfhs.org Address: 7800 W Outer Drive Suite 240 City: Detroit State: MI Zip: 48235 Last Updated: 04/23/2012
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Contract Number: H2320
Legal Entity Name: PRIORITY HEALTH
Organization Marketing Name: Priority Health Medicare
Parent Organization: Spectrum Health System

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 65,875 Legal Entity Address: 1231 EAST BELTLINE AVE N.E. City: GRAND RAPIDS State: MI Zip: 49525	Contact Title: Name: Customer Service Phone: 1-888-389-6648 Extension: Fax: Email: CSEmail-Incoming@priorityhealth.com Address: 1231 East Beltline Ave NE City: Grand Rapids State: MI Zip: 49525 Last Updated: 08/21/2006
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Contract Number: H2322
Legal Entity Name: ALLIANCE HEALTH AND LIFE INSURANCE COMPANY
Organization Marketing Name: Alliance Medicare PPO
Parent Organization: Health Alliance Plan (HAP)

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 3,653 Legal Entity Address: 2850 WEST GRAND BLVD. City: Detroit State: MI Zip: 48202	Contact Title: Coach/Manager Tech Planning Name: Cindy Hoffman Phone: 1-248-443-7511 Extension: Fax: Email: choffma1@hap.org Address: 2850 W. Grand Blvd. City: Detroit State: MI Zip: 48202 Last Updated: 08/17/2006
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Contract Number: H2323
Legal Entity Name: FIDELIS SECURECARE OF MICHIGAN
Organization Marketing Name: Fidelis SecureCare Of Michigan
Parent Organization: Fidelis SeniorCare, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 790 Legal Entity Address: 38777 WEST SIX MILE ROAD Suite 207 City: LIVONIA State: MI Zip: 48152	Contact Title: Manager - Customer Services-Production Name: Ronald Rome Phone: 1-877-372-8085 Extension: Fax: Email: rrome@tmghealth.com Address: 201 Lackawanna Ave City: Scranton State: PA Zip: 18503 Last Updated: 03/13/2009
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Contract Number: H2354
Legal Entity Name: HEALTHPLUS OF MICHIGAN
Organization Marketing Name: HealthPlus of Michigan
Parent Organization: HealthPlus of Michigan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 16,786 Legal Entity Address: 2050 S. Linden Road P.O. BOX 1700 City: FLINT State: MI Zip: 485011700	Contact Title: Director, Customer Service Name: Jeannine Lemonds Phone: 1-810-230-2018 Extension: Fax: 1-810-496-8440 Email: jlemonds@healthplus.org Address: 2050 S. Linden Road City: Flint State: MI Zip: 48532 Last Updated: 01/03/2012
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Contract Number: H2386
Legal Entity Name: APPALACHIAN AGENCY FOR SENIOR CITIZENS, INC.
Organization Marketing Name: Appalachian Agency for Senior Citizens, Inc.
Parent Organization: Appalachian Agency for Senior Citizens, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 45 Legal Entity Address: P.O.B. 765 216 College Ridge Road City: Cedar Bluff State: VA Zip: 24609	Contact Title: Program Director Name: Dana Collins Phone: 1-276-964-4915 Extension: 7152 Fax: 1-276-963-0130 Email: dcollins@aasc.org Address: P.O.B. 765 City: Cedar Bluff State: VA Zip: 24609 Last Updated: 03/24/2011
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Contract Number: H2406
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 06/01/2001 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,942 Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2411
Legal Entity Name: FALLON COMMUNITY HEALTH PLAN
Organization Marketing Name: Fallon Senior Plan
Parent Organization: Fallon Community Health Plan

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 212 Legal Entity Address: 10 CHESTNUT STREET City: WORCESTER State: MA Zip: 01608	Contact Title: Name: Customer Service Phone: 1-508-799-2100 Extension: 69988 Fax: Email: CustomerService@fchp.org Address: One Chestnut Place 10 Chestnut Street City: Worcester State: MA Zip: 01608 Last Updated: 04/26/2012
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Contract Number: H2416
Legal Entity Name: PRIMEWEST HEALTH SYSTEM
Organization Marketing Name: PrimeWest Health
Parent Organization: PrimeWest Central County-Based Purchasing Initiati

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 2,090 Legal Entity Address: 2209 Jefferson Street Suite 101 City: ALEXANDRIA State: MN Zip: 56308	Contact Title: Director of Communications Name: Beth Hendrickson Phone: 1-320-335-5215 Extension: Fax: 1-320-335-5315 Email: beth.hendrickson@primewest.org Address: PrimeWest Health 2209 Jefferson St, Ste 101 City: Alexandria State: MN Zip: 56308 Last Updated: 04/20/2012
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Contract Number: H2417
Legal Entity Name: ITASCA MEDICAL CARE
Organization Marketing Name: Itasca Medical Care/IMCare Classic
Parent Organization: Itasca County Health & Human Services

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 503 Legal Entity Address: 1219 SE 2ND AVENUE City: GRAND RAPIDS State: MN Zip: 55744	Contact Title: Program Director Name: Brett Skyles Phone: 1-218-327-5517 Extension: Fax: 1-218-327-5545 Email: brett.skyles@co.itasca.mn.us Address: 1219 SE 2nd Ave. City: Grand Rapids State: MN Zip: 55744 Last Updated: 05/15/2007
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Contract Number: H2419
Legal Entity Name: SOUTH COUNTRY HEALTH ALLIANCE
Organization Marketing Name: South Country Health Alliance
Parent Organization: South Country Health Alliance

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 1,785 Legal Entity Address: 110 West Fremont Street City: OWATONNA State: MN Zip: 55060	Contact Title: MMSI Name: Provider Services Phone: 1-888-889-7822 Extension: Fax: Email: not.available@mnscha.org Address: PO Box 4014 City: Rochester State: MN Zip: 55903 Last Updated: 03/30/2011
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Contract Number: H2422
Legal Entity Name: HEALTHPARTNERS, INC.
Organization Marketing Name: HealthPartners
Parent Organization: HealthPartners, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 3,050 Legal Entity Address: 8170 33rd AVENUE SOUTH P.O. Box 1309 City: Minneapolis State: MN Zip: 554401309	Contact Title: Name: Provider Services Phone: 1-952-883-7699 Extension: Fax: Email: RVSCProviderInquiry@HealthPartners.com Address: 8170 33rd Avenue South PO Box 1309 City: Minneapolis State: MN Zip: 55440-1309 Last Updated: 12/30/2011
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Contract Number: H2425
Legal Entity Name: BLUE PLUS
Organization Marketing Name: Blue Plus
Parent Organization: Blue Cross and Blue Shield of Minnesota

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 9,493 Legal Entity Address: 3400 Yankee Drive City: Eagan State: MN Zip: 551211627	Contact Title: Name: Customer Service Phone: 1-888-740-6013 Extension: Fax: Email: contact@bluecrossmn.com Address: 3400 Yankee Drive City: Eagan State: MN Zip: 55121 Last Updated: 10/04/2006
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Contract Number: H2450
Legal Entity Name: MEDICA INSURANCE COMPANY
Organization Marketing Name: Medica Insurance Company
Parent Organization: Medica Holding Company

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1990 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 128,786 Legal Entity Address: 401 Carlson Parkway P.O. BOX 9310 City: MINNEAPOLIS State: MN Zip: 554409310	Contact Title: Name: Customer Service Phone: 1-800-234-8755 Extension: Fax: Email: centerforhealthyaging@medica.com Address: 401 Carlson Parkway City: Minnetonka State: MN Zip: 55305 Last Updated: 08/23/2006
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Contract Number: H2456
Legal Entity Name: UCARE MINNESOTA
Organization Marketing Name: UCare
Parent Organization: UCare Minnesota

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 9,220 Legal Entity Address: 500 Stinson Blvd NE City: MINNEAPOLIS State: MN Zip: 55413	Contact Title: Customer Service Department Liason Name: Jaimie Parker Phone: 1-612-676-3456 Extension: Fax: Email: jparker@ucare.org Address: 500 Stinson Boulevard NE City: Minneapolis State: MN Zip: 55413 Last Updated: 07/01/2011
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Contract Number: H2457
Legal Entity Name: METROPOLITAN HEALTH PLAN
Organization Marketing Name: Metropolitan Health Plan MSHO
Parent Organization: Metropolitan Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 684 Legal Entity Address: 400 South Fourth Street Suite 201 City: Minneapolis State: MN Zip: 55415	Contact Title: Enrollment Services Manager Name: Fausto Iglesias Phone: 1-877-620-9090 Extension: Fax: Email: fausto.iglesias@co.hennepin.mn.us Address: 400 South 4th Street Suite 201 City: Minneapolis State: MN Zip: 55415 Last Updated: 04/18/2012
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Contract Number: H2458
Legal Entity Name: MEDICA HEALTH PLANS
Organization Marketing Name: Medica Health Plans
Parent Organization: Medica Holding Company

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 9,700 Legal Entity Address: 401 Carlson Parkway City: MINNETONKA State: MN Zip: 55305	Contact Title: Name: Customer Service Phone: 1-800-234-8755 Extension: Fax: Email: centerforhealthyaging@medica.com Address: 401 Carlson Parkway City: Minnetonka State: MN Zip: 55305 Last Updated: 08/22/2006
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Contract Number: H2459
Legal Entity Name: UCARE MINNESOTA
Organization Marketing Name: UCare
Parent Organization: UCare Minnesota

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1998 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 85,748 Legal Entity Address: 500 Stinson Boulevard NE City: MINNEAPOLIS State: MN Zip: 55413	Contact Title: Customer Service Department Liason Name: Jaimie Parker Phone: 1-612-676-3456 Extension: Fax: Email: jparker@ucare.org Address: 500 Stinson Boulevard NE City: Minneapolis State: MN Zip: 55413 Last Updated: 07/01/2011
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Contract Number: H2461
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF MINNESOTA
Organization Marketing Name: Blue Cross and Blue Shield of Minnesota
Parent Organization: Blue Cross and Blue Shield of Minnesota

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 70,734 Legal Entity Address: 3400 Yankee Drive City: Eagan State: MN Zip: 55122	Contact Title: Name: Customer Service Phone: 1-888-740-6013 Extension: Fax: Email: CS@bluecrossmn.com Address: 3400 Yankee Drive City: Eagan State: MN Zip: 55121-1627 Last Updated: 09/11/2006
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Contract Number: H2462
Legal Entity Name: GROUP HEALTH PLAN, INC.
Organization Marketing Name: HealthPartners
Parent Organization: HealthPartners, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 42,726 Legal Entity Address: 8170 33rd Avenue South PO Box 1309 City: MINNEAPOLIS State: MN Zip: 554401309	Contact Title: Name: Provider Services Phone: 1-952-883-7699 Extension: Fax: Email: RVSCProviderInquiry@HealthPartners.com Address: 8170 33rd Avenue South PO Box 1309 City: Minneapolis State: MN Zip: 55440-1309 Last Updated: 12/14/2011
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Contract Number: H2486
Legal Entity Name: HUMANA MEDICAL PLAN OF UTAH, INC.
Organization Marketing Name: Humana Medical Plan of Utah, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 11,532 Legal Entity Address: 9815 South Monroe Street Suite 300 City: Sandy State: UT Zip: 84070	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H2491 Legal Entity Name: WELLCARE HEALTH INSURANCE OF ARIZONA, INC. Organization Marketing Name: 'Ohana Health Plan Parent Organization: WellCare Health Plans, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 5,419 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: Sr Dir, Medicare Compliance Name: Wendy Reynolds Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 07/23/2012
Contract Number: H2537 Legal Entity Name: LIFE LUTHERAN Organization Marketing Name: LIFE Lutheran Services, Inc. Parent Organization: Lutheran Social Services of South Central PA	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 09/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 71 Legal Entity Address: 840 Fifth Avenue City: Chambersburg State: PA Zip: 17201	Contact Title: VP Community Health Services Name: Terry Shade Phone: 1-717-264-8178 Extension: Fax: Email: tshade@lutheranhomecare.org Address: 2700 Luther Drive City: Chambersburg State: PA Zip: 17202 Last Updated: 03/08/2012
Contract Number: H2542 Legal Entity Name: HUMANA INSURANCE COMPANY Organization Marketing Name: Humana Insurance Company Parent Organization: Humana Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 14,193 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
Contract Number: H2593 Legal Entity Name: CAREMORE HEALTH PLAN OF ARIZONA, INC. Organization Marketing Name: CareMore Health Plan of Arizona, Inc. Parent Organization: WellPoint, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 13,829 Legal Entity Address: 12900 Park Plaza Drive, Suite 150 City: Cerritos State: CA Zip: 90703	Contact Title: Manager of Membership & Eligibility Dept. Name: Lisa Sarinana Phone: 1-562-622-2900 Extension: 4381 Fax: 1-562-741-4412 Email: Lisa.Sarinana@Caremore.com Address: 12900 Park Plaza Drive Suite 150 City: Cerritos State: CA Zip: 90703 Last Updated: 10/25/2010

Contract Number: H2609
Legal Entity Name: ALEXIAN BROTHERS COMMUNITY SERVICES
Organization Marketing Name: Alexian Brothers Community Services
Parent Organization: Acension Health

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2001 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Kansas City Enrollment: 162 Legal Entity Address: 3900 S. GRAND BOULEVARD City: ST. LOUIS State: MO Zip: 63118	Contact Title: Marketing Director Name: Katina Boykin Phone: 1-314-743-1528 Extension: Fax: 1-314-771-7830 Email: kboykin@alexianbrothers.net Address: 3900 S. Grand City: St. Louis State: MO Zip: 63118 Last Updated: 11/01/2011
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Contract Number: H2610
Legal Entity Name: ESSENCE HEALTHCARE, INC.
Organization Marketing Name: Essence Healthcare
Parent Organization: Essence Group Holdings Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2004 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 34,817 Legal Entity Address: 13900 Riverport Drive City: Maryland Heights State: MO Zip: 63043	Contact Title: Name: Customer Service Phone: 1-425-778-5685 Extension: Fax: 1-314-209-2801 Email: customerservice@essencehealthcare.com Address: 13900 Riverport Drive City: Maryland Heights State: MO Zip: 63043 Last Updated: 03/11/2011
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Contract Number: H2611
Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY
Organization Marketing Name: Coventry Health Care
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 8,506 Legal Entity Address: 550 Maryville Center Dr. Suite 300 City: St. Louis State: MO Zip: 63141	Contact Title: Vice President, General Manager Name: Ryan Voisey Phone: 1-800-919-6459 Extension: Fax: Email: rvoisey@cvty.com Address: 550 Maryville Centre Drive Suite 300 City: St. Louis State: MO Zip: 63141 Last Updated: 04/17/2012
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Contract Number: H2643
Legal Entity Name: L. A. CARE HEALTH PLAN
Organization Marketing Name: L.A. Care Health Plan Medicare Advantage
Parent Organization: Local Initiative Health Authority for LA County

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 3,406 Legal Entity Address: 1055 West 7th Street City: Los Angeles State: CA Zip: 90017	Contact Title: Senior Director of Member & Medicare Services Name: Maribel Ferrer Phone: 1-213-694-1250 Extension: 4250 Fax: 1-213-438-5736 Email: mferrer@lacare.org Address: 1055 West 7th Street 7th Floor City: Los Angeles State: CA Zip: 90017 Last Updated: 05/02/2012
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Contract Number: H2649
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1990 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 36,959 Legal Entity Address: 321 West Main Street, 12th Floor City: Louisville State: KY Zip: 40202	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H2654
Legal Entity Name: UNITEDHEALTHCARE OF THE MIDWEST, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1992 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 44,806 Legal Entity Address: 13655 RIVERPORT DRIVE City: MARYLAND HEIGHTS State: MO Zip: 63043	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2663
Legal Entity Name: COVENTRY HEALTH CARE OF MISSOURI, INC
Organization Marketing Name: Coventry Health Care of Missouri, Inc.
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 11/01/1995 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 27,738 Legal Entity Address: 550 Maryville Centre Drive Suite 300 City: St. Louis State: MO Zip: 631415818	Contact Title: General Manager Name: Ryan Voisey Phone: 1-800-533-0367 Extension: Fax: Email: rvoisey@cvty.com Address: 550 Maryville Centre Drive Suite 300 City: St. Louis State: MO Zip: 63141 Last Updated: 04/17/2012
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Contract Number: H2667
Legal Entity Name: COVENTRY HEALTH CARE OF MISSOURI, INC
Organization Marketing Name: Coventry Health Care
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1997 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 21,390 Legal Entity Address: 550 Maryville Center Dr. Suite 300 City: St. Louis State: MO Zip: 63141	Contact Title: General Manager Name: Ryan Voisey Phone: 1-800-533-0367 Extension: Fax: Email: rvoisey@cvty.com Address: 550 Maryville Centre Drive Suite 300 City: St. Louis State: MO Zip: 63141 Last Updated: 04/17/2012
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Contract Number: H2672
Legal Entity Name: COVENTRY HEALTH CARE OF KANSAS, INC.
Organization Marketing Name: COVENTRY HEALTH CARE
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1999 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 13,727 Legal Entity Address: 8320 Ward Parkway City: KANSAS CITY State: MO Zip: 64114	Contact Title: Vice President General Manager Medicare Name: Katie Guhr Phone: 1-866-731-9570 Extension: Fax: Email: kxguhr@cvty.com Address: 8320 Ward Parkway City: Kansas City State: MO Zip: 64114 Last Updated: 10/11/2011
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Contract Number: H2701
Legal Entity Name: NEW WEST HEALTH SERVICES
Organization Marketing Name: New West Health Services
Parent Organization: New West Health Services

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 06/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 11,369 Legal Entity Address: 130 NEILL AVE City: HELENA State: MT Zip: 59601	Contact Title: Director, Medicare Programs/Compliance Officer Name: Alissa Beattie Phone: 1-888-873-8049 Extension: Fax: 1-406-457-2299 Email: Gov_Prgs@nwHP.com Address: 130 Neill Avenue City: Helena State: MT Zip: 59601 Last Updated: 04/23/2012
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Contract Number: H2773
Legal Entity Name: QUALITY HEALTH PLANS OF NEW YORK, INC.
Organization Marketing Name: QUALITY HEALTH PLANS
Parent Organization: QHP Financial Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 35 Legal Entity Address: 2805 Veterans Memorial Highway, Suite 17 City: Ronkonkoma State: NY Zip: 11779	Contact Title: Compliance Officer Name: Francoise Culley-Trotman Phone: 1-631-403-4265 Extension: 114 Fax: 1-631-403-4266 Email: cdgroupny@qualityhealthplansny.com Address: 2805 Veterans Memorial Highway, Suite 17 City: Ronkonkoma State: NY Zip: 11779 Last Updated: 07/19/2012
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Contract Number: H2775
Legal Entity Name: AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 11,499 Legal Entity Address: 4888 Loop Central Drive Suite 300 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 06/17/2009
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Contract Number: H2802
Legal Entity Name: UNITEDHEALTHCARE OF THE MIDLANDS, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1985 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 4,683 Legal Entity Address: 13655 RIVERPORT DRIVE City: MARYLAND HEIGHTS State: MO Zip: 63043	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2803
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/2003 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 8,701 Legal Entity Address: 9900 Bren Road East MN008-T440 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2810
Legal Entity Name: GROUP HEALTH OPTIONS
Organization Marketing Name: Group Health Options, Inc.
Parent Organization: Group Health Cooperative

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 3,721 Legal Entity Address: 320 Westlake Ave. N. Suite 100 City: Seattle State: WA Zip: 98109	Contact Title: Health Plan Operations Name: Provider Assistance Unit Phone: 1-888-767-4670 Extension: Fax: 1-509-249-7615 Email: mccauley.t@ghc.org Address: Group Health Cooperative, Provider Assistance Unit PO Box 34585 City: Seattle State: WA Zip: 98124-1585 Last Updated: 02/18/2009
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Contract Number: H2815
Legal Entity Name: VOLUNTEERS OF AMERICA NATIONAL SERVICES
Organization Marketing Name: Senior CommUnity Care of Colorado
Parent Organization: Volunteers of America National Services

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 08/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 214 Legal Entity Address: 2377 Robins Way City: Montrose State: CO Zip: 81401	Contact Title: Business Office Manager Name: Jeanette Curtis Phone: 1-970-252-0522 Extension: Fax: 1-970-252-0166 Email: jcurtis@voa.org Address: 2377 Robins Way City: Montrose State: CO Zip: 81401 Last Updated: 12/06/2011
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Contract Number: H2816
Legal Entity Name: AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 25,263 Legal Entity Address: 4888 Loop Central Drive Suite 300 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 12/10/2009
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Contract Number: H2836
Legal Entity Name: ANTHEM HEALTH PLANS, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 9,727 Legal Entity Address: 1 WellPoint Way Mail Stop CAT202-B005 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-673-4157 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
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Contract Number: H2905
Legal Entity Name: SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
Organization Marketing Name: Sierra Health and Life Insurance Company, Inc.
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,815 Legal Entity Address: 2724 N. Tenaya Way City: Las Vegas State: NV Zip: 89128	Contact Title: Director, Government Programs/Member Services Name: David Stuczynski Phone: 1-702-838-2066 Extension: Fax: 1-702-869-2484 Email: David.Stuczynski@uhc.com Address: 2720 N. Tenaya Way City: Las Vegas State: NV Zip: 89128 Last Updated: 06/09/2009
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Contract Number: H2906
Legal Entity Name: HOMETOWN HEALTH PLAN
Organization Marketing Name: Senior Care Plus
Parent Organization: Renown Health

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 1,251 Legal Entity Address: 830 HARVARD WAY City: RENO State: NV Zip: 89502	Contact Title: Director of Government Programs Name: Matthew C Ladich Phone: 1-775-982-3113 Extension: Fax: 1-775-982-3743 Email: mladich@hometownhealth.com Address: 830 Harvard Way City: Reno State: NV Zip: 89502 Last Updated: 02/17/2012
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Contract Number: H2926
Legal Entity Name: PRIMEWEST HEALTH SYSTEM
Organization Marketing Name: PrimeWest Health
Parent Organization: PrimeWest Central County-Based Purchasing Initiati

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 199 Legal Entity Address: 2209 Jefferson Street Suite 101 City: Alexandria State: MN Zip: 56308	Contact Title: Director of Communications Name: Beth Hendrickson Phone: 1-320-335-5215 Extension: Fax: 1-320-335-5315 Email: beth.hendrickson@primewest.org Address: PrimeWest Health 2209 Jefferson St, Ste 101 City: Alexandria State: MN Zip: 56308 Last Updated: 04/20/2012
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Contract Number: H2931
Legal Entity Name: HEALTH PLAN OF NEVADA, INC.
Organization Marketing Name: Health Plan of Nevada, Inc.
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1985 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 48,055 Legal Entity Address: 2720 NORTH TENAYA WAY P.O. BOX 15645 City: LAS VEGAS State: NV Zip: 891145645	Contact Title: Director, Government Programs/Member Services Name: David Stuczynski Phone: 1-702-838-2066 Extension: Fax: 1-702-869-2484 Email: David.Stuczynski@uhc.com Address: 2720 N. Tenaya Way City: Las Vegas State: NV Zip: 89128 Last Updated: 06/09/2009
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Contract Number: H2936
Legal Entity Name: LIFECIRCLES
Organization Marketing Name: LIFECIRCLES
Parent Organization: LifeCircles

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 182 Legal Entity Address: 560 Seminole Road City: Muskegon State: MI Zip: 49444	Contact Title: Executive Director Name: Robert H Mills Phone: 1-231-733-8686 Extension: Fax: Email: rmills@lifecircles-pace.org Address: 560 Seminole RD City: Muskegon State: MI Zip: 49444 Last Updated: 04/29/2008
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Contract Number: H2941
Legal Entity Name: SENTARA LIFE CARE CORPORATION, INC
Organization Marketing Name: Sentara Senior Community Care
Parent Organization: Sentara Health Care (SHC)

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 174 Legal Entity Address: 665 NEWTOWN ROAD SUITE 121 City: VIRGINIA BEACH State: VA Zip: 23462	Contact Title: Program Director Name: Sue Watson Phone: 1-757-892-5407 Extension: Fax: Email: sjwatso1@sentara.com Address: 251 S. Newtown Road City: Norfolk State: VA Zip: 23502 Last Updated: 05/17/2012
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Contract Number: H2944
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 58,915 Legal Entity Address: 1100 EMPLOYERS BLVD City: DePERE State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H2949
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1992 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 34,313 Legal Entity Address: 321 West Main Street, 12th Floor City: Louisville State: KY Zip: 40202	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H2960
Legal Entity Name: HOMETOWN HEALTH PLAN
Organization Marketing Name: Senior Care Plus
Parent Organization: Renown Health

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1995 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 9,211 Legal Entity Address: 830 Harvard Way City: RENO State: NV Zip: 89502	Contact Title: Director of Government Programs Name: Matthew C Ladich Phone: 1-775-982-3113 Extension: Fax: 1-775-982-3743 Email: mladich@hometownhealth.com Address: 830 Harvard Way City: Reno State: NV Zip: 89502 Last Updated: 02/17/2012
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Contract Number: H2992
Legal Entity Name: SENIORLIFE WASHINGTON, INC.
Organization Marketing Name: Senior LIFE Washington / Uniontown / Green
Parent Organization: Grane Healthcare

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2011 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 270 Legal Entity Address: 209 Sigma Drive City: Pittsburgh State: PA Zip: 15238	Contact Title: Cheif Executive Officer Name: Mark Irwin Phone: 1-814-535-6000 Extension: 101 Fax: 1-814-248-7902 Email: Mirwin@grane.com Address: 401 Broad Street City: Johnstown State: PA Zip: 15906 Last Updated: 09/11/2009
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Contract Number: H2997
Legal Entity Name: ROCKY MOUNTAIN HOSPITAL AND MEDICAL SERVICES, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 20,503 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-754-3077 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
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Contract Number: H3028
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 2,791 Legal Entity Address: 321 West Main Street, 12th Floor City: Louisville State: KY Zip: 40202	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H3107
Legal Entity Name: OXFORD HEALTH PLANS (NJ), INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1991 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 52,413 Legal Entity Address: 48 Monroe Turnpike City: Trumbull State: CT Zip: 06611	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/13/2011
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Contract Number: H3113
Legal Entity Name: OXFORD HEALTH PLANS (NJ), INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 597 Legal Entity Address: 44 SOUTH BROADWAY City: WHITE PLAINS State: NY Zip: 10601	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3132 Legal Entity Name: AIDS HEALTHCARE FOUNDATION MCO OF FLORIDA, INC. Organization Marketing Name: Positive Healthcare Partners Parent Organization: AIDS Healthcare Foundation	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 616 Legal Entity Address: 110 SE 6th St., Ste. 1960 City: Fort Lauderdale State: FL Zip: 33301	Contact Title: Health Plan Administrator Name: Michael O'Malley Phone: 1-323-337-9172 Extension: Fax: 1-323-337-9141 Email: michael.omalley@aidhealth.org Address: 1001 N. Martel Ave. City: Los Angeles State: CA Zip: 90046 Last Updated: 04/20/2012
Contract Number: H3144 Legal Entity Name: COVENTRY HEALTH CARE OF ILLINOIS, INC. Organization Marketing Name: Coventry Health Care of Illinois, Inc. Parent Organization: Coventry Health Care Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 327 Legal Entity Address: 2110 Fox Drive Suite A City: Champagne State: IL Zip: 61820	Contact Title: VP, General Manager Medicare/Medicaid Name: Ryan Voisey Phone: 1-866-784-4916 Extension: Fax: Email: rvoisey@cvty.com Address: 550 Maryville Centre Drive Suite 300 City: St. Louis State: MO Zip: 63141 Last Updated: 04/17/2012
Contract Number: H3152 Legal Entity Name: AETNA HEALTH, INC. (NJ) Organization Marketing Name: Aetna Medicare Parent Organization: Aetna Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/1993 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 38,771 Legal Entity Address: 55 LANE ROAD City: FAIRFIELD State: NJ Zip: 070041098	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 12/11/2007
Contract Number: H3154 Legal Entity Name: HORIZON HEALTHCARE OF NEW JERSEY, INC. Organization Marketing Name: Horizon Blue Cross Blue Shield of New Jersey, Inc. Parent Organization: Horizon Healthcare Services, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1996 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 67,712 Legal Entity Address: 3 PENN PLAZA EAST City: NEWARK State: NJ Zip: 07105	Contact Title: Director, Consumer & Senior Markets Name: John Selby Phone: 1-800-224-1234 Extension: Fax: Email: john_selby@horizonblue.com Address: Three Penn Plaza East , PP-09F City: Newark State: NJ Zip: 07105 Last Updated: 09/29/2008

Contract Number: H3156
Legal Entity Name: AMERIHEALTH HMO, INC
Organization Marketing Name: AmeriHealth 65
Parent Organization: Independence Blue Cross

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1995 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 1,991 Legal Entity Address: 1901 MARKET STREET 45 TH FLOOR City: PHILADELPHIA State: PA Zip: 19103	Contact Title: Name: Customer Service Phone: 1-800-275-2583 Extension: Fax: Email: info@amerihealthmedicare.com Address: PO Box 7799 City: Philadelphia State: PA Zip: 19101-7799 Last Updated: 07/16/2012
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Contract Number: H3164
Legal Entity Name: AMERICHOICE OF NEW JERSEY, INC
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1999 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 8,539 Legal Entity Address: Four Gateway Center 4th Floor City: Newark State: NJ Zip: 07102	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 01/03/2011
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Contract Number: H3204
Legal Entity Name: PRESBYTERIAN HEALTH PLAN
Organization Marketing Name: Presbyterian Senior Care (HMO)
Parent Organization: Presbyterian Healthcare Services

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1986 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 23,882 Legal Entity Address: 2501 BUENA VISTA SE P.O. BOX 27489 City: ALBUQUERQUE State: NM Zip: 87106	Contact Title: Manager, Medicare Programs Name: Debra Ruth Phone: 1-505-923-6033 Extension: Fax: 1-505-923-6022 Email: druth@phs.org Address: P.O. Box 27489 2501 Buena Vista PI SE (BV4114) City: Albuquerque State: NM Zip: 87125-4789 Last Updated: 02/14/2012
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Contract Number: H3206
Legal Entity Name: PRESBYTERIAN INSURANCE COMPANY, INC.
Organization Marketing Name: Presbyterian MediCare PPO
Parent Organization: Presbyterian Healthcare Services

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 9,695 Legal Entity Address: P.O. BOX 27489 2501 BUENA VISTA, S.E. City: ALBUQUERQUE State: NM Zip: 871257489	Contact Title: Manager, Medicare Programs Name: Debra Ruth Phone: 1-505-923-6033 Extension: Fax: 1-505-923-6022 Email: druth@phs.org Address: P.O. Box 27489 2501 Buena Vista PI SE (BV4114) City: Albuquerque State: NM Zip: 87125-4789 Last Updated: 12/27/2011
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Contract Number: H3209
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,735 Legal Entity Address: 9900 BREN ROAD EAST City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3240
Legal Entity Name: AMERIGROUP NEW JERSEY, INC.
Organization Marketing Name: Amerigroup Community Care
Parent Organization: AMERIGROUP Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 4,377 Legal Entity Address: 101 Wood Avenue South 8th Floor City: Iselin State: NJ Zip: 08830	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 06/11/2009
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Contract Number: H3251
Legal Entity Name: LOVELACE HEALTH SYSTEM, INC.
Organization Marketing Name: Lovelace Medicare Plan
Parent Organization: Ardent Health Services.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 11/01/1993 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 31,187 Legal Entity Address: 4101 INDIAN SCHOOL RD. NE City: ALBUQUERQUE State: NM Zip: 87110	Contact Title: Lovelace Medicare Plan Name: Customer Care Phone: 1-505-727-5300 Extension: Fax: 1-505-727-5557 Email: Deb.Pertain@Lovelace.com Address: 4101 Indian School Rd NE City: Albuquerque State: NM Zip: 87110 Last Updated: 06/28/2012
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Contract Number: H3283
Legal Entity Name: MEDICA HEALTH PLANS
Organization Marketing Name: Medica Health Plans
Parent Organization: Medica Holding Company

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: * Legal Entity Address: 401 Carlson Parkway City: Minnetonka State: MN Zip: 55305	Contact Title: Name: Customer Service Phone: 1-800-234-8755 Extension: Fax: Email: centerforhealthyaging@medica.com Address: 401 Carlson Parkway City: Minnetonka State: MN Zip: 55305 Last Updated: 01/11/2011
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Contract Number: H3305
Legal Entity Name: MVP HEALTH PLAN, INC.
Organization Marketing Name: MVP HEALTH CARE
Parent Organization: MVP Health Care, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 11/01/1985 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 48,069 Legal Entity Address: 220 Alexander Ave. City: Rochester State: NY Zip: 14607	Contact Title: Sales Manager, Medicare Name: Catherine Mercury Phone: 1-888-280-6205 Extension: Fax: Email: cmercury@mvphealthcare.com Address: 220 Alexander St City: Rochester State: NY Zip: 14607 Last Updated: 05/18/2009
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Contract Number: H3307
Legal Entity Name: OXFORD HEALTH PLANS (NY), INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1991 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 73,473 Legal Entity Address: 48 Monroe Turnpike City: Trumbull State: CT Zip: 06611	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/13/2011
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Contract Number: H3312
Legal Entity Name: AETNA HEALTH, INC. (NY)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1986 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 13,576 Legal Entity Address: 99 PARK AVENUE City: NEW YORK State: NY Zip: 10016	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H3314
Legal Entity Name: HEALTH INSURANCE PLAN OF GREATER NEW YORK
Organization Marketing Name: HIP Health Plan of Greater New York
Parent Organization: EmblemHealth, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 595 Legal Entity Address: 7 WEST 34TH STREET City: NEW YORK State: NY Zip: 10001	Contact Title: Sr. Dir., Customer Service Name: Charles Mellia Phone: 1-800-447-8255 Extension: Fax: 1-646-447-3071 Email: CMellia@EmblemHealth.com Address: 55 Water Street City: New York State: NY Zip: 10041 Last Updated: 04/29/2011
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Contract Number: H3321
Legal Entity Name: INDEPENDENT LIVING SRVCS OF CENTRAL NY
Organization Marketing Name: Independent Living Srvc Of Central Ny
Parent Organization: Loretto Rest Realty Corporation

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 455 Legal Entity Address: 100 MALTA LANE City: NORTH SYRACUSE State: NY Zip: 13212	Contact Title: Name: Ginny Turley Phone: 1-315-452-5800 Extension: 156 Fax: Email: gturley@lorettosystem.org Address: 100 Malta Lane City: North Syracuse State: NY Zip: 13212 Last Updated: 12/19/2007
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Contract Number: H3322
Legal Entity Name: SENIOR CARE CONNECTION, INC.
Organization Marketing Name: Eddy SeniorCare
Parent Organization: Senior Care Connection, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 127 Legal Entity Address: 504 STATE STREET City: SCHENECTADY State: NY Zip: 12305	Contact Title: VicePresident/Director Name: Bernadette Hallam Phone: 1-518-382-3290 Extension: 6349 Fax: 1-518-382-3398 Email: hallamb@nehealth.com Address: 504 State Street City: Schenectady State: NY Zip: 12305 Last Updated: 05/10/2012
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Contract Number: H3327
Legal Entity Name: TOUCHSTONE HEALTH HMO, INC.
Organization Marketing Name: Touchstone Health
Parent Organization: Touchstone Health Partnership, Inc

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 11,761 Legal Entity Address: One North Lexington Avenue 12th floor City: White Plains State: NY Zip: 10601	Contact Title: Vice President, Marketing Name: Laura Dechen Phone: 1-914-288-1131 Extension: Fax: 1-914-288-1200 Email: ldechen@touchstoneh.com Address: One North Lexington Avenue 12th Floor City: White Plains State: NY Zip: 10601 Last Updated: 02/23/2012
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Contract Number: H3328
Legal Entity Name: NEW YORK STATE CATHOLIC HLTH PLAN INC
Organization Marketing Name: Fidelis Care
Parent Organization: The New York State Catholic Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2004 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 9,882 Legal Entity Address: 95-25 QUEENS BOULEVARD City: REGO PARK State: NY Zip: 11374	Contact Title: Assistant Vice President, Member Services Name: Adrian Gardner Phone: 1-800-247-1447 Extension: Fax: Email: agardner@fideliscare.org Address: 95-25 Queens Boulevard City: Rego Park State: NY Zip: 11374 Last Updated: 08/15/2011
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Contract Number: H3329
Legal Entity Name: CENTERLIGHT HEALTHCARE, INC.
Organization Marketing Name: Comprehensive Care Management Corp.
Parent Organization: CenterLight Healthcare System, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 2,588 Legal Entity Address: 1250 Waters Place Tower 1, Suite 602 City: BRONX State: NY Zip: 10461	Contact Title: VP for Provider Relations & Network Development Name: Cathy Neiman Phone: 1-347-640-6120 Extension: Fax: Email: cneiman@centerlight.org Address: 1250 Waters Place Tower 1, Suite 602 City: Bronx State: NY Zip: 10461 Last Updated: 03/30/2012
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Contract Number: H3330
Legal Entity Name: HEALTH INSURANCE PLAN OF GREATER NEW YORK
Organization Marketing Name: EmblemHealth Medicare HMO
Parent Organization: EmblemHealth, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 112,357 Legal Entity Address: 55 Water Street City: NEW YORK State: NY Zip: 10041	Contact Title: Sr. Director Customer Service Name: Charles Mellia Phone: 1-800-447-8255 Extension: Fax: 1-646-447-3071 Email: CMellia@EmblemHealth.com Address: 55 Water Street City: New York State: NY Zip: 10041 Last Updated: 04/29/2011
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Contract Number: H3331
Legal Entity Name: INDEPENDENT LIVING FOR SENIORS, INC.
Organization Marketing Name: Independent Living For Seniors, Inc.
Parent Organization: Rochester General Health System

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 315 Legal Entity Address: 2066 HUDSON AVENUE City: ROCHESTER State: NY Zip: 14617	Contact Title: Name: Tina Farrell-Huber Phone: 1-585-922-2825 Extension: Fax: 1-585-922-2864 Email: CFarrellHuber@rochestergeneral.org Address: 2066 Hudson Avenue City: Rochester State: NY Zip: 14617 Last Updated: 10/16/2008
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Contract Number: H3333
Legal Entity Name: AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 05/01/2004 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 1,548 Legal Entity Address: 4888 Loop Central Drive Suite 300 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 11/19/2009
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Contract Number: H3335
Legal Entity Name: EXCELLUS HEALTH PLAN, INC.
Organization Marketing Name: Excellus Health Plan, Inc
Parent Organization: Lifetime Healthcare, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2004 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 37,239 Legal Entity Address: 165 Court St. City: Rochester State: NY Zip: 14647	Contact Title: Customer Service Department Name: * Customer Service Phone: 1-877-883-9577 Extension: Fax: Email: customerservice@excellus.com Address: 205 Park Club Lane City: Buffalo State: NY Zip: 14221 Last Updated: 06/11/2012
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Contract Number: H3337
Legal Entity Name: LIBERTY HEALTH ADVANTAGE, INC.
Organization Marketing Name: Liberty Health Advantage
Parent Organization: Liberty Health Advantage, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 4,677 Legal Entity Address: 1 Huntington Quadrangle, Suite 3N01 City: Melville State: NY Zip: 11747	Contact Title: IT Manager Name: Donald Piscitelli Phone: 1-631-227-3445 Extension: Fax: Email: dpiscitelli@lhany.com Address: One Huntington Quadrangle Suite 3N01 City: Melville State: NY Zip: 11747 Last Updated: 02/17/2012
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Contract Number: H3338
Legal Entity Name: NATIONAL HEALTH PLAN NETWORK INC.
Organization Marketing Name: National HealthPlan Network Inc.
Parent Organization: National Health Plan Network Inc

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 98 Legal Entity Address: 50855 WASHINGTON STREET #222 City: LA Quinta State: CA Zip: 92253	Contact Title: Name: John Raffetto Phone: 1-760-870-4551 Extension: Fax: 1-760-406-5855 Email: john@ambassadorcare.com Address: 50855 Washington Street #222 City: La Quinta State: CA Zip: 92253 Last Updated: 11/23/2010
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Contract Number: H3342
Legal Entity Name: EMPIRE HEALTHCHOICE ASSURANCE, INC.
Organization Marketing Name: Empire BlueCross BlueShield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 72,890 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-800-992-2583 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
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Contract Number: H3344
Legal Entity Name: INDEPENDENT HEALTH BENEFITS CORPORATION
Organization Marketing Name: Independent Health
Parent Organization: Independent Health Association, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 5,694 Legal Entity Address: 511 FARBER LAKES DRIVE City: BUFFALO State: NY Zip: 14221	Contact Title: Name: Member Services Phone: 1-800-665-1502 Extension: Fax: Email: wnyms@independenthealth.com Address: 511 Farber Lakes Drive City: Buffalo State: NY Zip: 14221 Last Updated: 01/08/2008
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Contract Number: H3347
Legal Entity Name: ELDERPLAN, INC.
Organization Marketing Name: Elderplan
Parent Organization: Elderplan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 15,647 Legal Entity Address: 6323 SEVENTH AVENUE City: BROOKLYN State: NY Zip: 112204711	Contact Title: Director of Customer Services Name: Stephen Kahn Phone: 1-718-921-7979 Extension: Fax: 1-718-630-2624 Email: member_services@elderplan.org Address: 6323 Seventh Avenue City: Brooklyn State: NY Zip: 11220 Last Updated: 03/02/2010
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Contract Number: H3351
Legal Entity Name: EXCELLUS HEALTH PLAN, INC.
Organization Marketing Name: Excellus Health Plan, Inc
Parent Organization: Lifetime Healthcare, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1990 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 52,730 Legal Entity Address: 205 PARK CLUB LANE City: Buffalo State: NY Zip: 14221	Contact Title: Customer Service Department Name: * Customer Service Phone: 1-877-883-9577 Extension: Fax: Email: customerservice@excellus.com Address: 205 Park Club Lane City: Buffalo State: NY Zip: 14221 Last Updated: 08/08/2010
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Contract Number: H3359
Legal Entity Name: MANAGED HEALTH, INC.
Organization Marketing Name: Healthfirst Medicare Plan
Parent Organization: Healthfirst, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1994 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 102,063 Legal Entity Address: 100 Church Street, 18th Floor City: New York State: NY Zip: 10007	Contact Title: Healthfirst Medicare Plan Name: Customer Service Phone: 1-888-801-1660 Extension: Fax: Email: webmaster@healthfirst.org Address: 100 Church Street, 18th Floor City: New York State: NY Zip: 10007 Last Updated: 09/20/2011
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Contract Number: H3361
Legal Entity Name: WELLCARE_OF NEW YORK, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/1995 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 28,718 Legal Entity Address: P.O.BOX 1652 City: NEWBURGH State: NY Zip: 12551	Contact Title: Sr Dir, Medicare Compliance Name: Wendy Reynolds Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 07/23/2012
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Contract Number: H3362
Legal Entity Name: INDEPENDENT HEALTH ASSOCIATION, INC.
Organization Marketing Name: Independent Health
Parent Organization: Independent Health Association, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1996 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 67,774 Legal Entity Address: 511 FARBER LAKES DRIVE City: BUFFALO State: NY Zip: 14221	Contact Title: Name: Member Services Phone: 1-800-665-1502 Extension: Fax: Email: wnyms@independenthealth.com Address: 511 Farber Lakes Drive City: Buffalo State: NY Zip: 14221 Last Updated: 01/08/2008
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Contract Number: H3370
Legal Entity Name: EMPIRE HEALTHCHOICE HMO, INC.
Organization Marketing Name: Empire BlueCross BlueShield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1996 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 65,522 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-800-992-2583 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
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Contract Number: H3379
Legal Entity Name: UNITEDHEALTHCARE OF NEW YORK, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1997 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 8,211 Legal Entity Address: 3803 N ELM ST City: GREENSBORO State: NC Zip: 27455	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3384
Legal Entity Name: HEALTHNOW NEW YORK INC
Organization Marketing Name: BlueCross BlueShield of WNY OR BlueShield of NENY
Parent Organization: HealthNow New York Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1998 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 39,083 Legal Entity Address: 257 West Genesee Street City: BUFFALO State: NY Zip: 14202	Contact Title: Name: Customer Service Phone: 1-877-327-1395 Extension: Fax: Email: seniorblue@bcbswny.com Address: PO Box 13599 City: Albany State: NY Zip: 12212 Last Updated: 06/06/2011
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Contract Number: H3387
Legal Entity Name: UNITEDHEALTHCARE OF NEW YORK, INC.
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1999 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 5,593 Legal Entity Address: 7 HANOVER SQUARE 5TH FLOOR City: NEW YORK State: NY Zip: 10004	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 01/03/2011
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Contract Number: H3388
Legal Entity Name: CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.
Organization Marketing Name: CDPHP Medicare Choices
Parent Organization: Capital District Physicians' Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 25,566 Legal Entity Address: 500 Patroon Creek Blvd City: ALBANY State: NY Zip: 12206	Contact Title: Manager, Member Services Name: Laura Kordas Phone: 1-518-641-3710 Extension: Fax: Email: lkordas@cdphp.com Address: 500 Patroon Creek Blvd City: Albany State: NY Zip: 12206 Last Updated: 02/01/2008
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Contract Number: H3404
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA
Organization Marketing Name: Blue Cross and Blue Shield of North Carolina
Parent Organization: Blue Cross and Blue Shield of North Carolina

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 11,957 Legal Entity Address: P.O Box 2291 City: Durnam State: NC Zip: 277022291	Contact Title: Call Center support Name: Provider Services Phone: 1-888-296-9790 Extension: Fax: Email: beth.clayton@bcbsnc.com Address: Blue Cross and Blue Shield of North Carolina 5660 University Pkwy City: Winston Salem State: NC Zip: 27105 Last Updated: 05/10/2010
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Contract Number: H3405
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 12,930 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H3421
Legal Entity Name: AMERICA'S 1ST CHOICE HEALTH PLANS, INC.
Organization Marketing Name: America's 1st Choice Health Plans
Parent Organization: America's 1st Choice Holdings of S.C., LLC

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 9,328 Legal Entity Address: 250 Berry Hill Road Suite #311 City: Columbia State: SC Zip: 29210	Contact Title: Associate VP NC/SC/GA Name: Jane Young Phone: 1-803-748-4533 Extension: 2223 Fax: Email: AFCOPS@americas1stchoice.com Address: 250 Berryhill Rd Suite 311 City: Columbia State: SC Zip: 29210 Last Updated: 02/07/2012
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Contract Number: H3430
Legal Entity Name: SUNCOAST NEIGHBORLY CARE, INC.
Organization Marketing Name: Suncoast Neighborly Care, Inc.
Parent Organization: The Hospice of the Florida Suncoast, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 09/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 118 Legal Entity Address: 5771 Roosevelt Blvd. City: Clearwater State: FL Zip: 33760	Contact Title: Executive Director Name: Karen Wells Phone: 1-727-523-2488 Extension: Fax: 1-727-523-2497 Email: karenwells@suncoastpace.org Address: 5771 Roosevelt Blvd. City: Clearwater State: FL Zip: 33760 Last Updated: 08/01/2012
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Contract Number: H3449
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA
Organization Marketing Name: Blue Cross and Blue Shield of North Carolina
Parent Organization: Blue Cross and Blue Shield of North Carolina

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1995 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 74,587 Legal Entity Address: P.O. Box 2291 City: Durham State: NC Zip: 277022291	Contact Title: Call Center support Name: Provider Services Phone: 1-888-296-9790 Extension: Fax: Email: beth.clayton@bcbsnc.com Address: Blue Cross and Blue Shield of North Carolina 5660 University Pkwy City: Winston Salem State: NC Zip: 27105 Last Updated: 05/10/2010
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Contract Number: H3456
Legal Entity Name: UNITEDHEALTHCARE OF NORTH CAROLINA, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1997 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 89,934 Legal Entity Address: 3803 N Elm Street City: GREENSBORO State: NC Zip: 27455	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3493
Legal Entity Name: LIFE AT LOURDES, INC.
Organization Marketing Name: LIFE at Lourdes
Parent Organization: Catholic Health East

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 165 Legal Entity Address: 2475 McClellan Ave., Bldg C Building C City: Pennsauken State: NJ Zip: 08109	Contact Title: Director of Marketing Name: Tangela Thompson Phone: 1-856-675-3674 Extension: Fax: 1-856-675-3659 Email: thompson@lourdesnet.org Address: 2475 McClellan Avenue Building C City: Pennsauken State: NJ Zip: 08109 Last Updated: 06/09/2009
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Contract Number: H3503
Legal Entity Name: HEART OF AMERICA HEALTH PLAN
Organization Marketing Name: Heart of America Health Plan
Parent Organization: Heart of America Health Plan

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1984 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 409 Legal Entity Address: 810 SOUTH MAIN STREET City: RUGBY State: ND Zip: 58368	Contact Title: Enrollment/Member Services Name: Sharon L Pederson Phone: 1-701-776-5848 Extension: 2479 Fax: 1-701-776-5425 Email: spedersonhoahp@gondtc.com Address: 810 So. Main Avenue City: Rugby State: ND Zip: 58368 Last Updated: 03/18/2011
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Contract Number: H3528
Legal Entity Name: CONNECTICARE, INC.
Organization Marketing Name: ConnectiCare, Inc.
Parent Organization: EmblemHealth, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 42,080 Legal Entity Address: 175 Scott Swamp Road City: Farmington State: CT Zip: 06032	Contact Title: Medicare Customer Service & Direct Marketing Mgr Name: Lyndee Gray Phone: 1-860-409-6321 Extension: Fax: Email: LyndGray@ConnectiCare.com Address: 175 Scott Swamp Road P.O. Box 4050 City: Farmington State: CT Zip: 06034-4050 Last Updated: 02/01/2012
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Contract Number: H3533
Legal Entity Name: ARCADIAN HEALTH PLAN OF NEW YORK, INC.
Organization Marketing Name: Arcadian Health Plan of New York, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 715 Legal Entity Address: 500 12th Street, Suite 350 City: Oakland State: CA Zip: 94607	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/05/2012
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Contract Number: H3597
Legal Entity Name: AETNA HEALTH, INC. (ME)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 3,809 Legal Entity Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 12/11/2007
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Contract Number: H3613
Legal Entity Name: MCGREGOR PACE
Organization Marketing Name: McGregor PACE
Parent Organization: McGregor at Overlook

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 215 Legal Entity Address: 2373 EUCLID HEIGHTS BOULEVARD City: CLEVELAND HEIGHTS State: OH Zip: 441062797	Contact Title: CEO Name: Robert Hilton Phone: 1-216-851-8200 Extension: 2058 Fax: Email: rob.hilton@mcgregoramasa.org Address: 2373 Euclid Heights Blvd. City: Cleveland Heights State: OH Zip: 44106 Last Updated: 08/30/2010
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Contract Number: H3614
Legal Entity Name: TRIHEALTH SENIORLINK
Organization Marketing Name: TriHealth SeniorLink
Parent Organization: TriHealth, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 496 Legal Entity Address: 4750 WESLEY AVENUE SUITE J City: CINCINNATI State: OH Zip: 45212	Contact Title: Claims/Billing Coordinator Name: Phyllis Thompson Phone: 1-513-458-8831 Extension: Fax: 1-513-458-8881 Email: Phyllis_Thompson@trihealth.com Address: 4750 Wesley Avenue, Suite J City: Cincinnati State: OH Zip: 45212 Last Updated: 08/08/2011
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Contract Number: H3619
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 30,543 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H3620
Legal Entity Name: AULTCARE INSURANCE COMPANY
Organization Marketing Name: PrimeTime Health Plan
Parent Organization: Aultman Health Foundation

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 3,819 Legal Entity Address: 214 DARTMOUTH AVENUE S.W. City: CANTON State: OH Zip: 44710	Contact Title: Name: Aria Long Phone: 1-330-363-7407 Extension: Fax: Email: along@aultcare.com Address: 214 Dartmouth Ave SW City: Canton State: OH Zip: 44710 Last Updated: 11/11/2011
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Contract Number: H3623
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 6,301 Legal Entity Address: 980 Jolly Road City: BLUE BELL State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H3653
Legal Entity Name: PARAMOUNT CARE, INC
Organization Marketing Name: Paramount Elite
Parent Organization: Promedica Health System

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1995 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 13,848 Legal Entity Address: 1901 INDIAN WOOD CIRCLE P.O. Box 928, Toledo, Ohio 43697 City: Maumee State: OH Zip: 43537	Contact Title: Member Services Dept. Name: Customer Representative Phone: 1-419-887-2525 Extension: Fax: 1-419-887-2025 Email: paramounthealthcare@promedica.org Address: 1901 Indian Wood Circle P.O. Box 928, Toledo, Ohio 43697 City: Maumee State: OH Zip: 43537 Last Updated: 05/27/2011
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Contract Number: H3655
Legal Entity Name: COMMUNITY INSURANCE COMPANY
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1994 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 90,546 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: OH Zip: 91362	Contact Title: Name: Customer Service Phone: 1-888-290-9160 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
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Contract Number: H3659
Legal Entity Name: UNITEDHEALTHCARE OF OHIO, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1996 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 87,937 Legal Entity Address: 9200 WORTHINGTON ROAD City: WESTERVILLE State: OH Zip: 430828823	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3660
Legal Entity Name: SUMMACARE INC.
Organization Marketing Name: SummaCare Secure
Parent Organization: Summa Health System

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1996 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 24,287 Legal Entity Address: P. O. Box 3620 10 North Main Steet City: AKRON State: OH Zip: 44308	Contact Title: Provider Services Name: Donna Rank Phone: 1-330-996-8400 Extension: Fax: 1-330-996-8490 Email: contactproviderservices@summacare.com Address: 10 North Main Street City: Akron State: OH Zip: 44308 Last Updated: 05/04/2012
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Contract Number: H3664
Legal Entity Name: AULTCARE INSURANCE COMPANY
Organization Marketing Name: PrimeTime Health Plan
Parent Organization: Aultman Health Foundation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 18,702 Legal Entity Address: 2600 SIXTH STREET SW City: CANTON State: OH Zip: 44710	Contact Title: Name: Aria Long Phone: 1-330-363-7407 Extension: Fax: Email: along@aultcare.com Address: 214 Dartmouth Ave SW City: Canton State: OH Zip: 44710 Last Updated: 12/15/2011
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Contract Number: H3668
Legal Entity Name: MT. CARMEL HEALTH PLAN, INC.
Organization Marketing Name: MediGold
Parent Organization: Trinity Health

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 29,934 Legal Entity Address: 6150 East Broad Street, EE320 City: Columbus State: OH Zip: 43213	Contact Title: Provider Relations Call Center Name: Provider Call Center Phone: 1-800-991-9907 Extension: Fax: 1-614-546-4269 Email: mdennis2@mchs.com Address: 6150 E. Broad St, EE320 City: Columbus State: OH Zip: 43213 Last Updated: 10/24/2007
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Contract Number: H3672
Legal Entity Name: HOMETOWN HEALTH PLAN
Organization Marketing Name: The Health Plan
Parent Organization: Health Plan of the Upper Ohio Valley

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 4,530 Legal Entity Address: 52160 National Road East City: St. Clairsville State: OH Zip: 43950	Contact Title: Director Member Services Name: Sherry Stanley Phone: 1-740-695-7682 Extension: Fax: 1-740-695-8103 Email: sstanley@healthplan.org Address: The Health Plan 52160 National Road East City: St. Clairsville State: OH Zip: 43950 Last Updated: 08/23/2006
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Contract Number: H3706
Legal Entity Name: TODAYS OPTIONS OF OKLAHOMA, INC.
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2004 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 5,727 Legal Entity Address: 4888 Loop Central Drive Suite 300 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 11/19/2009
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Contract Number: H3708
Legal Entity Name: SELECTCARE OF OKLAHOMA, INC.
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 131 Legal Entity Address: 4888 Loop Central Drive Suite 300 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 11/19/2009
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Contract Number: H3749
Legal Entity Name: UNITEDHEALTHCARE OF OKLAHOMA, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1991 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 29,195 Legal Entity Address: 7666 E 61ST, #500 City: TULSA State: OK Zip: 74133	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/13/2011
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Contract Number: H3755
Legal Entity Name: COMMUNITY CARE HMO, INC
Organization Marketing Name: CommunityCare Senior Health Plan (HMO)
Parent Organization: CommunityCare Managed Healthcare Plans of OK, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1996 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 28,213 Legal Entity Address: 218 W. 6TH STREET City: TULSA State: OK Zip: 74119	Contact Title: Director, Member Services Name: Roxanne King Phone: 1-918-594-5295 Extension: 6801 Fax: 1-918-594-5260 Email: roxannek@ccok.com Address: 218 W 6th Street City: Tulsa State: OK Zip: 74119 Last Updated: 12/14/2010
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Contract Number: H3805
Legal Entity Name: UNITEDHEALTHCARE OF OREGON, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1986 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 14,630 Legal Entity Address: 7525 S.E. 24TH STREET City: MERCER ISLAND State: WA Zip: 98040	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/13/2011
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Contract Number: H3809
Legal Entity Name: PROVIDENCE HEALTH & SERVICES - OREGON
Organization Marketing Name: Providence ElderPlace Portland
Parent Organization: Providence Health & Services

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 947 Legal Entity Address: 4531 SE Belmont Suite: 100 City: PORTLAND State: OR Zip: 97215	Contact Title: Name: Rika Bering Phone: 1-503-215-6556 Extension: Fax: 1-503-215-0685 Email: rika.bering@providence.org Address: 4531 SE Belmont Suite: 100 City: Portland State: OR Zip: 97215 Last Updated: 08/19/2008
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Contract Number: H3810
Legal Entity Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION
Organization Marketing Name: CareSource
Parent Organization: Mid Rogue Community Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2005 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 4,002 Legal Entity Address: 740 SE 7th Street City: GRANTS PASS State: OR Zip: 97526	Contact Title: Director of Marketing Name: Freddy Sennhauser Phone: 1-888-460-0185 Extension: Fax: 1-541-471-1524 Email: freddy@mripa.org Address: 740 SE 7th Street City: Grants Pass State: OR Zip: 97526 Last Updated: 09/20/2007
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Contract Number: H3811
Legal Entity Name: SAMARITAN HEALTH PLANS, INC.
Organization Marketing Name: Samaritan Advantage Health Plan
Parent Organization: Samaritan Health Services

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 5,261 Legal Entity Address: 815 NW 9TH STREET, SUITE 103 3600 NW Samaritan Dr. City: CORVALLIS State: OR Zip: 97330	Contact Title: Marketing Manager Name: Cristie Lynch Phone: 1-541-768-4552 Extension: Fax: 1-541-768-4294 Email: clynch@samhealth.org Address: 815 NW 9th Street Suite 101 City: Corvallis State: OR Zip: 97330 Last Updated: 07/21/2008
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Contract Number: H3812
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 06/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 19,008 Legal Entity Address: 9900 BREN ROAD EAST MN008-T500 City: MINNETONKA State: OR Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3813
Legal Entity Name: ODS HEALTH PLAN, INC.
Organization Marketing Name: ODS Health Plan, Inc.
Parent Organization: Health Services Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 7,802 Legal Entity Address: 601 SW Second Avenue City: Portland State: OR Zip: 97204	Contact Title: ODS Advantage Member Services Name: Member Services Phone: 1-877-299-9062 Extension: Fax: Email: medical@odscompanies.com Address: 601 S.W. Second Ave. City: Portland State: OR Zip: 97204 Last Updated: 05/21/2008
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Contract Number: H3814
Legal Entity Name: ATRIO HEALTH PLANS
Organization Marketing Name: ATRIO Health Plans
Parent Organization: ATRIO Health Plans

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 1,974 Legal Entity Address: 2270 NW Aviation Drive City: ROSEBURG State: OR Zip: 97470	Contact Title: Compliance Officer Name: Rose Novak Phone: 1-541-672-8620 Extension: Fax: 1-541-672-8670 Email: rose.novak@atriohp.com Address: 2270 NW Aviation Dr, Suite 3 City: Roseburg State: OR Zip: 97470 Last Updated: 08/30/2011
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Contract Number: H3815
Legal Entity Name: CITIZENS CHOICE HEALTHPLAN
Organization Marketing Name: Citizens Choice Healthplan
Parent Organization: Honored Citizens Choice Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 12,075 Legal Entity Address: 17315 Studebaker Road Suite 200 City: Cerritos State: CA Zip: 90703	Contact Title: Chief Operations Officer Name: Elizabeth Tejada Phone: 1-562-207-4502 Extension: Fax: 1-323-728-8494 Email: etejada@mycchp.com Address: 17315 Studebaker Road Suite 200 City: Cerritos State: CA Zip: 90703 Last Updated: 09/08/2008
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Contract Number: H3817
Legal Entity Name: REGENCE BLUECROSS BLUESHIELD OF OR
Organization Marketing Name: Regence BlueCross BlueShield of Oregon
Parent Organization: Cambia Health Solutions, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 58,393 Legal Entity Address: P.O. Box 12625 201 High Street SE City: SALEM State: OR Zip: 97309	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 03/03/2011
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Contract Number: H3818
Legal Entity Name: FAMILYCARE HEALTH PLANS, INC.
Organization Marketing Name: FamilyCare Health Plans, Inc.
Parent Organization: FamilyCare Incorporated

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 2,711 Legal Entity Address: 825 NE MULTNOMAH, SUITE 300 City: PORTLAND State: OR Zip: 97232	Contact Title: Medicare Program Director Name: Eddie Perse Phone: 1-503-471-2112 Extension: Fax: 1-503-471-2162 Email: eddiep@familycareinc.org Address: 825 NE Multnomah, Suite 300 City: Portland State: OR Zip: 97232 Last Updated: 10/11/2011
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Contract Number: H3832
Legal Entity Name: HAWAII MEDICAL SERVICE ASSOCIATION
Organization Marketing Name: Akamai Advantage by HMSA
Parent Organization: Hawaii Medical Service Association

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 8,217 Legal Entity Address: 818 Keeaumoku Street City: Honolulu State: HI Zip: 968142365	Contact Title: Manager Name: Kevin Unger Phone: 1-800-790-4672 Extension: Fax: Email: kevin_unger@hmsa.com Address: 534 - CR 818 Keeaumoku St City: Honolulu State: HI Zip: 96814 Last Updated: 01/13/2010
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Contract Number: H3864
Legal Entity Name: PACIFICSOURCE COMMUNITY HEALTH PLANS, INC.
Organization Marketing Name: PacificSource Medicare
Parent Organization: PacificSource Health Plans

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1999 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 12,268 Legal Entity Address: 2965 NE Conners Ave. City: BEND State: OR Zip: 97701	Contact Title: Medicare Marketing Manager Name: Brad Westphal Phone: 1-541-385-5315 Extension: Fax: 1-541-385-3008 Email: bwestphal@pacificsource.com Address: 2965 NE Conners Ave. City: Bend State: OR Zip: 97701 Last Updated: 06/09/2011
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Contract Number: H3887
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 15,212 Legal Entity Address: 9900 Bren Road E MN008-T440 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3907
Legal Entity Name: UNIVERSITY OF PITTSBURGH MEDICAL CENTER
Organization Marketing Name: UPMC Health Plan
Parent Organization: University of Pittsburgh Medical Center

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2001 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 89,217 Legal Entity Address: USX Tower, 55th Floor 600 Grant Street City: PITTSBURGH State: PA Zip: 15219	Contact Title: Name: Medicare Marketing Phone: 1-877-381-3765 Extension: Fax: Email: upmchp@upmc.edu Address: USX Tower, 9th Floor 600 Grant Street City: Pittsburgh State: PA Zip: 15219 Last Updated: 03/23/2012
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Contract Number: H3908
Legal Entity Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA
Organization Marketing Name: Trustees Of The University Of Pennsylvania
Parent Organization: Trustees of the University of Pennsylvania

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 01/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 430 Legal Entity Address: 4508 Chestnut Street City: PHILADELPHIA State: PA Zip: 19139	Contact Title: Chief Executive Officer Name: Dan Drake Phone: 1-215-898-4417 Extension: Fax: Email: dandrake@nursing.upenn.edu Address: 4508 Chestnut Street City: Philadelphia State: PA Zip: 19139 Last Updated: 04/30/2012
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Contract Number: H3909
Legal Entity Name: QCC INSURANCE COMPANY
Organization Marketing Name: Personal Choice 65
Parent Organization: Independence Blue Cross

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 5,486 Legal Entity Address: 1901 MARKET STREET 28TH FLOOR City: PHILADELPHIA State: PA Zip: 191031480	Contact Title: Name: Customer Service Phone: 1-800-275-2583 Extension: Fax: Email: info@ibxmedicare.com Address: PO Box 7799 City: Philadelphia State: PA Zip: 19101-7799 Last Updated: 07/16/2012
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Contract Number: H3912
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2002 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,586 Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3916
Legal Entity Name: HIGHMARK, INC.
Organization Marketing Name: Highmark, Inc.
Parent Organization: Highmark Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 05/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 188,866 Legal Entity Address: FIFTH AVENUE PLACE - SUITE P5501 120 FIFTH AVENUE City: PITTSBURGH State: PA Zip: 15222	Contact Title: VP, Sr. Products Operations Name: Sally Rich Phone: 1-866-517-8585 Extension: Fax: Email: sally.rich@highmark.com Address: 120 Fifth Avenue Suite P5501 City: Pittsburgh State: PA Zip: 15222 Last Updated: 02/03/2011
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Contract Number: H3917
Legal Entity Name: PITTSBURGH CARE PARTNERSHIP, INC.
Organization Marketing Name: Community LIFE
Parent Organization: Pittsburgh Care Partnership, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2004 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 391 Legal Entity Address: 2400 ARDMORE BOULEVARD, SUITE 700 City: PITTSBURGH State: PA Zip: 15221	Contact Title: DIRECTOR OF MARKETING AND PUBLIC RELATIONS Name: STACI KACZKOWSKI Phone: 1-412-436-1338 Extension: Fax: 1-412-235-1347 Email: kaczkowskiS@upmc.edu Address: SUITE # 700 2400 ARDMORE BOULEVARD City: PITTSBURGH State: PA Zip: 15221 Last Updated: 05/04/2012
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Contract Number: H3918
Legal Entity Name: LIVING INDEPENDENCE FOR THE ELDERLY
Organization Marketing Name: LIFE Pittsburgh
Parent Organization: Living Independence for the Elderly

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 373 Legal Entity Address: 681 Andersen Drive Building 6, Floor 5 City: PITTSBURGH State: PA Zip: 15220	Contact Title: Director of Finance Name: Laura B Schmitt Phone: 1-412-388-8042 Extension: Fax: 1-412-388-8055 Email: lschmitt@lifepittsburgh.org Address: 681 Andersen drive Building 6, Floor 5 City: Pittsburgh State: PA Zip: 15220 Last Updated: 08/02/2010
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Contract Number: H3919
Legal Entity Name: ST. AGNES CONTINUING CARE CENTER
Organization Marketing Name: Mercy LIFE
Parent Organization: St. Agnes Continuing Care Center

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 10/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 407 Legal Entity Address: 1930 South Broad Street City: PHILADELPHIA State: PA Zip: 19145	Contact Title: Account Representative Name: Kim Riddick Phone: 1-215-339-4522 Extension: Fax: 1-215-339-4554 Email: kriddick@mercyhealth.org Address: 1930 S. Broad St. City: Philadelphia State: PA Zip: 19145 Last Updated: 05/15/2012
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Contract Number: H3920
Legal Entity Name: UNITEDHEALTHCARE OF PENNSYLVANIA, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 20,258 Legal Entity Address: 1001 Brinton Road City: Pittsburgh State: PA Zip: 15221	Contact Title: Member Services Name: Unison Unison Phone: 1-800-290-4009 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 300 Oxford Drive City: Monroeville State: PA Zip: 15146 Last Updated: 12/01/2009
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Contract Number: H3921
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 4,477 Legal Entity Address: 9900 BREN ROAD EAST MN008-T440 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3923
Legal Entity Name: CAPITAL ADVANTAGE INSURANCE COMPANY
Organization Marketing Name: Capital Advantage Insurance Company
Parent Organization: Capital BlueCross

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 18,309 Legal Entity Address: 2500 ELMERTON AVENUE City: HARRISBURG State: PA Zip: 17177	Contact Title: Customer Service Manager Name: Joyce L Hummel Phone: 1-866-987-4213 Extension: Fax: Email: customerservice@seniorblueppo.capbluecross.com Address: 2500 Elmerton Avenue City: Harrisburg State: PA Zip: 17177 Last Updated: 08/03/2010
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Contract Number: H3924
Legal Entity Name: GEISINGER INDEMNITY INSURANCE COMPANY
Organization Marketing Name: Geisinger Gold
Parent Organization: Geisinger Health System

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 11,931 Legal Entity Address: 100 NORTH ACADEMY AVE. City: DANVILLE State: PA Zip: 178223220	Contact Title: Director of Customer Service Name: Renee Blasi Phone: 1-800-498-9731 Extension: 16159 Fax: 1-570-271-5970 Email: rmbiasi@thehealthplan.com Address: 100 North Academy Avenue City: Danville State: PA Zip: 17822-3229 Last Updated: 11/11/2007
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Contract Number: H3925
Legal Entity Name: PENNSYLVANIA PACE, INC.
Organization Marketing Name: Senior LIFE Johnstown
Parent Organization: Pennsylvania PACE, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2007 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 163 Legal Entity Address: 209 Sigma Drive City: Pittsburgh State: PA Zip: 15238	Contact Title: Chief Executive Officer Name: Mark Irwin Phone: 1-814-535-6000 Extension: 101 Fax: 1-814-248-7902 Email: Mirwin@grane.com Address: 401 Broad Street City: Johnstown State: PA Zip: 15906 Last Updated: 02/16/2010
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Contract Number: H3931
Legal Entity Name: AETNA HEALTH, INC, (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 11/01/1985 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 37,173 Legal Entity Address: 980 Jolly Road City: Blue Bell State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H3942
Legal Entity Name: ELDERHAUS INC.
Organization Marketing Name: Elderhaus PACE
Parent Organization: Elderhaus Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 92 Legal Entity Address: 2222 S. 17th St. City: Wilmington State: NC Zip: 28401	Contact Title: CFO / PACE PROGRAM DIRECTOR Name: Larry Reinhart Phone: 1-910-343-8209 Extension: Fax: 1-910-343-8836 Email: larry.reinhart@elderhaus.com Address: 2222 S. 17th St. City: Wilmington State: NC Zip: 28401 Last Updated: 12/29/2010
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Contract Number: H3949
Legal Entity Name: BRAVO HEALTH PENNSYLVANIA INC.
Organization Marketing Name: Bravo Health
Parent Organization: CIGNA

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1992 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 48,695 Legal Entity Address: 1500 Spring Garden Street, Suite 800 City: PHILADELPHIA State: PA Zip: 19130	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-800-668-3813 Extension: Fax: Email: Wendy.Wetzel@healthspring.com Address: 2900 North Loop West Suite 300 City: Houston State: TX Zip: 77092 Last Updated: 07/25/2012
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Contract Number: H3952
Legal Entity Name: KEYSTONE HEALTH PLAN EAST, INC.
Organization Marketing Name: Keystone 65
Parent Organization: Independence Blue Cross

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1993 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 76,008 Legal Entity Address: 1901 MARKET ST 45TH FLOOR City: PHILADELPHIA State: PA Zip: 19103	Contact Title: Name: Customer Service Phone: 1-800-275-2583 Extension: Fax: Email: info@ibxmedicare.com Address: PO Box 7799 City: Philadelphia State: PA Zip: 19101-7799 Last Updated: 07/16/2012
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Contract Number: H3954
Legal Entity Name: GEISINGER HEALTH PLAN
Organization Marketing Name: Geisinger Gold
Parent Organization: Geisinger Health System

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1994 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 43,700 Legal Entity Address: 100 NORTH ACADEMY AVENUE City: DANVILLE State: PA Zip: 178223220	Contact Title: Director of Customer Service Name: Renee Blasi Phone: 1-800-498-9731 Extension: 16159 Fax: 1-570-271-5970 Email: rmbiasi@thehealthplan.com Address: 100 North Academy Avenue City: Danville State: PA Zip: 17822-3229 Last Updated: 12/14/2007
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Contract Number: H3957
Legal Entity Name: KEYSTONE HEALTH PLAN WEST, INC.
Organization Marketing Name: Keystone Health Plan West, Inc.
Parent Organization: Highmark Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1995 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 130,648 Legal Entity Address: 120 5TH AVENUE SUITE 3152 City: PITTSBURGH State: PA Zip: 15223099	Contact Title: VP, Sr. Products Operations Name: Sally Rich Phone: 1-866-517-8585 Extension: Fax: Email: sally.rich@highmark.com Address: 120 Fifth Avenue Suite P5501 City: Pittsburgh State: PA Zip: 15222 Last Updated: 01/27/2010
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Contract Number: H3959
Legal Entity Name: HEALTHAMERICA PENNSYLVANIA, INC.
Organization Marketing Name: HealthAmerica
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1996 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 28,813 Legal Entity Address: 11 Stanwix Street City: Pittsburgh State: PA Zip: 15222	Contact Title: Vice President, General Manager Name: Robert O'Connor Phone: 1-800-290-0190 Extension: Fax: Email: rtoconnor@cvty.com Address: 11 Stanwix Street City: Pittsburgh State: PA Zip: 15222 Last Updated: 08/31/2011
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Contract Number: H3962
Legal Entity Name: KEYSTONE HEALTH PLAN CENTRAL, INC.
Organization Marketing Name: Keystone Health Plan Central, Inc.
Parent Organization: Capital BlueCross

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1996 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 13,086 Legal Entity Address: P.O. Box 779827 City: HARRISBURG State: PA Zip: 171779827	Contact Title: Customer Service Manager Name: Joyce L Hummel Phone: 1-800-779-6962 Extension: Fax: Email: customerservice@seniorblue.capbluecross.com Address: 2500 Elmerston Avenue City: Harrisburg State: PA Zip: 17177 Last Updated: 08/03/2010
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Contract Number: H3964
Legal Entity Name: BRAVO HEALTH PENNSYLVANIA, INC.
Organization Marketing Name: Bravo Health
Parent Organization: CIGNA

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 25,804 Legal Entity Address: 3601 O'Donnell Street City: Baltimore State: MD Zip: 21224	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-800-668-3813 Extension: Fax: Email: Wendy.Wetzel@healthspring.com Address: 2900 North Loop West Suite 300 City: Houston State: TX Zip: 77092 Last Updated: 07/25/2012
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Contract Number: H4003
Legal Entity Name: MMM HEALTHCARE, INC.
Organization Marketing Name: Medicare y Mucho Más
Parent Organization: Aveta Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2001 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 175,946 Legal Entity Address: 350 Chardon Ave Suite 500 Torre Chardon City: San Juan State: PR Zip: 009182137	Contact Title: Provider AVP Name: Brenda Rivera Phone: 1-787-622-3000 Extension: 6703 Fax: 1-787-622-0485 Email: brenda.rivera@mmmhc.com Address: 350 Avenida Chardón Torre Chardón, Suite 500 City: San Juan State: PR Zip: 00918 Last Updated: 08/04/2009
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Contract Number: H4004
Legal Entity Name: PREFERRED MEDICARE CHOICE, INC.
Organization Marketing Name: Preferred Medicare Choice, Inc.
Parent Organization: Aveta Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2004 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 39,802 Legal Entity Address: 350 Chardón Avenue Suite 500, Torre Chardón City: San Juan State: PR Zip: 009182137	Contact Title: Provider AVP Name: Brenda Rivera Phone: 1-787-622-3000 Extension: 6703 Fax: 1-787-622-0485 Email: brenda.rivera@mmmhc.com Address: 350 Avenida Chardón Torre Chardón, Suite 500 City: San Juan State: PR Zip: 00918 Last Updated: 08/04/2009
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Contract Number: H4005
Legal Entity Name: TRIPLE-S SALUD, INC.
Organization Marketing Name: Triple-S Salud, Inc.
Parent Organization: Triple-S Management Corporation

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 27,141 Legal Entity Address: PO BOX 363628 City: SAN JUAN State: PR Zip: 009363628	Contact Title: Enrollment Manager Name: Irma Aviles Phone: 1-787-273-1110 Extension: 2550 Fax: Email: iaviles@ssspr.com Address: 1441 Franklin D. Roosevelt Ave. City: San Juan State: PR Zip: 00920 Last Updated: 05/21/2012
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Contract Number: H4006
Legal Entity Name: MCS ADVANTAGE INC.
Organization Marketing Name: MCS Classicare
Parent Organization: Medical Card System, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 63,092 Legal Entity Address: MCS PLAZA 255 PONCE DE LEON AVE. City: SAN JUAN State: PR Zip: 00918	Contact Title: Compliance Officer Name: Jenny Cárdenas Phone: 1-787-758-2500 Extension: 2694 Fax: 1-787-620-6906 Email: jcardenas@medicalcardsystem.com Address: MCS Plaza 255 Ponce de Leon Avenue, Second Floor City: San Juan State: PR Zip: 00918 Last Updated: 06/22/2012
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Contract Number: H4007
Legal Entity Name: HUMANA HEALTH PLANS OF PUERTO RICO, INC.
Organization Marketing Name: HUMANA HEALTH PLANS OF PUERTO RICO, INC.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 22,849 Legal Entity Address: 383 F.D. Roosevelt Avenue, 3rd Floor City: San Juan State: PR Zip: 00918	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H4011
Legal Entity Name: FIRST MEDICAL HEALTH PLAN, INC.
Organization Marketing Name: First Medical Health Plan, Inc.
Parent Organization: First Medical Health Plan, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 16,872 Legal Entity Address: PO BOX 195080 City: SAN JUAN State: PR Zip: 009195080	Contact Title: Compliance Director Name: Alejandra Echevarria Phone: 1-787-625-9557 Extension: Fax: Email: a.echevarria@firstpluspr.com Address: P.O. Box 195200 City: San Juan State: PR Zip: 00919 Last Updated: 05/18/2012
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Contract Number: H4012
Legal Entity Name: TRIPLE-S SALUD, INC.
Organization Marketing Name: Triple-S Salud, Inc.
Parent Organization: Triple-S Management Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 18,778 Legal Entity Address: PO BOX 363628 1441 AVE ROOSEVELT City: SAN JUAN State: PR Zip: 009363628	Contact Title: Enrollment Manager Name: Irma Aviles Phone: 1-787-273-1110 Extension: 2550 Fax: Email: iaviles@ssspr.com Address: 1441 Franklin D. Roosevelt Ave. City: San Juan State: PR Zip: 00920 Last Updated: 05/21/2012
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Contract Number: H4036
Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 14,748 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-888-290-9160 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
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Contract Number: H4074
Legal Entity Name: MERCY LIFE OF ALABAMA
Organization Marketing Name: Mercy LIFE of Alabama
Parent Organization: Mercy Medical

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 12/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 49 Legal Entity Address: 2900 Springhill Ave. City: Mobile State: AL Zip: 36607	Contact Title: CFO Name: Necie Borroni Phone: 1-251-621-4223 Extension: Fax: 1-251-626-0315 Email: sheilab@mercymedical.com Address: 101 Villa Drive PO Box 1090 City: Daphne State: AL Zip: 36526 Last Updated: 09/02/2011
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Contract Number: H4102
Legal Entity Name: UNITEDHEALTHCARE OF NEW ENGLAND, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1987 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 29,949 Legal Entity Address: 3803 N ELM ST City: GREENSBORO State: NC Zip: 27455	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H4105
Legal Entity Name: PACE ORGANIZATION OF RHODE ISLAND
Organization Marketing Name: Pace Organization Of Rhode Island
Parent Organization: PACE Organization of Rhode Island

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 12/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 204 Legal Entity Address: 225 CHAPMAN STREET City: PROVIDENCE State: RI Zip: 02905	Contact Title: CEO Name: Joan L Kwiatkowski Phone: 1-401-490-6566 Extension: Fax: 1-401-490-6537 Email: jkwiatkowski@carelink-ri.com Address: 225 Chapman Street, Box 7 City: Providence State: RI Zip: 02905 Last Updated: 04/16/2009
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Contract Number: H4123
Legal Entity Name: MERCYCARE HMO INC
Organization Marketing Name: MercyCare Health Plans
Parent Organization: Mercy Alliance, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 207 Legal Entity Address: 3430 Palmer Dr PO Box 550 City: Janesville State: WI Zip: 535472770	Contact Title: Director of Contracting Name: DuWayne Severson Phone: 1-608-741-5626 Extension: Fax: Email: dseverson@mhsjvl.org Address: 3430 Palmer Drive City: Janesville State: WI Zip: 53547 Last Updated: 01/24/2011
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Contract Number: H4125
Legal Entity Name: ARCADIAN HEALTH PLAN, INC.
Organization Marketing Name: Arcadian Health Plan
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 1,343 Legal Entity Address: 500 12th Street, Suite 350 City: Oakland State: CA Zip: 94607	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/05/2012
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Contract Number: H4141
Legal Entity Name: HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.
Organization Marketing Name: Humana Employers Health Plan of Georgia, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 6,715 Legal Entity Address: 900 Ashwood Parkway, Suite 400 City: Atlanta State: GA Zip: 30338	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H4142
Legal Entity Name: CHEROKEE NATION COMPREHENSIVE CARE AGENCY
Organization Marketing Name: Cherokee Elder Care
Parent Organization: Cherokee Nation Comprehensive Care Agency

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 08/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 91 Legal Entity Address: 1387 W 4th St. City: Tahlequah State: OK Zip: 74464	Contact Title: Chief Financial Officer Name: Thelma Pittman Phone: 1-918-207-4936 Extension: Fax: 1-918-431-4112 Email: thelma-pittman@cherokee.org Address: 1387 W 4th St. City: Tahlequah State: OK Zip: 74464 Last Updated: 03/20/2012
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Contract Number: H4152
Legal Entity Name: BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
Organization Marketing Name: Blue Cross & Blue Shield of Rhode Island
Parent Organization: Blue Cross & Blue Shield of Rhode Island

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 32,397 Legal Entity Address: 500 Exchange St. City: PROVIDENCE State: RI Zip: 029032699	Contact Title: Customer Service Department Name: Customer Service Department Phone: 1-401-277-2958 Extension: Fax: Email: anne.brunson@bcbbsri.org Address: 500 Exchange Street City: Providence State: RI Zip: 02903 Last Updated: 02/11/2011
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Contract Number: H4155
Legal Entity Name: PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY
Organization Marketing Name: JMH Health Plan
Parent Organization: Public Health Trust of Miami-Dade County

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 2,190 Legal Entity Address: 1801 NW 9 Avenue Suite 100 City: Miami State: FL Zip: 33136	Contact Title: Director of Government Programs/Medicare Complianc Name: William H Winn Phone: 1-305-575-3672 Extension: Fax: 1-305-355-2083 Email: wwinn@jhsmiami.org Address: 1801 NW 9 Avenue, Suite 700 City: Miami State: FL Zip: 33136 Last Updated: 04/16/2012
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Contract Number: H4199
Legal Entity Name: FLORIDA HEALTHCARE PLUS, INC.
Organization Marketing Name: FLORIDA HEALTHCARE PLUS
Parent Organization: Florida Healthcare Plus, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 1,458 Legal Entity Address: 2100 Ponce De Leon Blvd PH1 City: Coral Gables State: FL Zip: 33134	Contact Title: IT Director Name: James Anderson Phone: 1-305-888-2210 Extension: 1120 Fax: 1-305-443-6061 Email: janderson@floridahealthcareplus.com Address: 2100 Ponce De Leon Blvd-PH1 City: Coral Gables State: FL Zip: 33134 Last Updated: 01/24/2012
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Contract Number: H4203
Legal Entity Name: PALMETTO HEALTH ALLIANCE
Organization Marketing Name: Palmetto SeniorCare
Parent Organization: Palmetto Health Alliance

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 307 Legal Entity Address: 15 Richland Medical Park Drive SUITE 203 City: COLUMBIA State: SC Zip: 29203	Contact Title: Administrative Coordinator Intake Name: Shirley Gregg Phone: 1-803-931-8175 Extension: Fax: 1-803-931-8164 Email: shirley.gregg@palmettohealth.org Address: 1308 Laureo Street City: Columbia State: SC Zip: 29201 Last Updated: 08/21/2006
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Contract Number: H4209
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA
Organization Marketing Name: Blue Cross Blue Shield of South Carolina
Parent Organization: BlueCross BlueShield of South Carolina (BCBSSC)

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 24,508 Legal Entity Address: 2501 Faraway Drive City: COLUMBIA State: SC Zip: 29223	Contact Title: Name: Provider Services Phone: 1-800-334-2583 Extension: Fax: Email: Provider.Education@BCBSSC.com Address: I-20 at Alpine Road AX-624 City: Columbia State: SC Zip: 29219 Last Updated: 10/18/2011
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Contract Number: H4211
Legal Entity Name: AMERIGROUP GEORGIA MANAGED CARE COMPANY, INC.
Organization Marketing Name: Amerigroup Community Care
Parent Organization: AMERIGROUP Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 89 Legal Entity Address: 303 Perimeter Center North Suite 400 City: Atlanta State: GA Zip: 30346	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street City: Tampa State: FL Zip: 33607 Last Updated: 01/18/2011
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Contract Number: H4213
Legal Entity Name: USABLE MUTUAL INSURANCE COMPANY
Organization Marketing Name: ARKANSAS BLUE CROSS AND BLUE SHIELD
Parent Organization: USABLE Mutual Insurance Company

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 13,997 Legal Entity Address: 601 GAINES STREET City: LITTLE ROCK State: AR Zip: 72201	Contact Title: Manager Medicare Operations Name: Delena C Hicks Phone: 1-501-378-6951 Extension: Fax: Email: dchicks@arkbluecross.com Address: 320 W. Capitol, Suite 400 City: Little Rock State: AR Zip: 72203 Last Updated: 02/23/2009
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Contract Number: H4268
Legal Entity Name: AMERICA'S 1ST CHOICE INSURANCE COMPANY OF NC, INC.
Organization Marketing Name: America's 1st Choice Insurance Company of NC
Parent Organization: America's 1st Choice Holdings of N.C., LLC

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 2,736 Legal Entity Address: 250 Berry Hill Road Suite #311 City: Columbia State: SC Zip: 29210	Contact Title: Associate VP NC/SC/GA Name: Jane Young Phone: 1-803-748-4533 Extension: 2223 Fax: Email: AFCOPS@americas1stchoice.com Address: 250 Berryhill Rd Suite 311 City: Columbia State: SC Zip: 29210 Last Updated: 02/07/2012
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Contract Number: H4270
Legal Entity Name: UCARE WISCONSIN, INC.
Organization Marketing Name: UCare
Parent Organization: UCare Minnesota

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 7,328 Legal Entity Address: 500 Stinson Boulevard NE City: Minneapolis State: MN Zip: 55413	Contact Title: Customer Service Department Liason Name: Jaimie Parker Phone: 1-612-676-3456 Extension: Fax: Email: jparker@ucare.org Address: 500 Stinson Boulevard NE City: Minneapolis State: MN Zip: 55413 Last Updated: 07/01/2011
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Contract Number: H4279
Legal Entity Name: UPMC FOR YOU, INC
Organization Marketing Name: UPMC for You
Parent Organization: University of Pittsburgh Medical Center

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2012 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 6,042 Legal Entity Address: USX Tower, 55th Floor 600 Grant Street City: Pittsburgh State: PA Zip: 15219	Contact Title: Name: Medicare Marketing Phone: 1-877-381-3765 Extension: Fax: Email: upmchp@upmc.edu Address: USX Tower, 9th Floor 600 Grant Street City: Pittsburgh State: PA Zip: 15219 Last Updated: 03/23/2012
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Contract Number: H4305
Legal Entity Name: TOTAL LIFE HEALTHCARE
Organization Marketing Name: Total Life Healthcare
Parent Organization: St. Bernard's Healthcare

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 06/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 111 Legal Entity Address: 225 East Jackson #92 712 E Washington Avenue City: Jonesboro State: AR Zip: 72401	Contact Title: Finance Manager Name: Terry Combs Phone: 1-870-207-7502 Extension: Fax: 1-870-207-6703 Email: tcombs@sbrmc.org Address: 225 East Jackson #92 City: Jonesboro State: AR Zip: 72401 Last Updated: 06/01/2011
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Contract Number: H4326
Legal Entity Name: PACE @ HOME
Organization Marketing Name: PACE@Home
Parent Organization: PACE @ Home

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 12/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 23 Legal Entity Address: 1915 Fairgrove Church Road SE City: Newton State: NC Zip: 28658	Contact Title: Program Director Name: Jane Rollins Phone: 1-828-468-3980 Extension: Fax: 1-828-464-2845 Email: jrollins@pace-at-home.org Address: 1915 Fairgrove Church Rd. SE City: Newton State: NC Zip: 28658 Last Updated: 06/20/2011
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Contract Number: H4346
Legal Entity Name: CAREMORE HEALTH PLAN OF NEVADA
Organization Marketing Name: CareMore Health Plan of Nevada
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 4,138 Legal Entity Address: 12900 Park Plaza Drive, Suite 150 City: Cerritos State: CA Zip: 90703	Contact Title: Manager of Membership & Eligibility Dept. Name: Lisa Sarinana Phone: 1-562-622-2900 Extension: 4381 Fax: 1-562-741-4412 Email: Lisa.Sarinana@Caremore.com Address: 12900 Park Plaza Drive Suite 150 City: Cerritos State: CA Zip: 90703 Last Updated: 10/25/2010
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Contract Number: H4393
Legal Entity Name: CATHOLIC MANAGED LONG TERM CARE, INC.
Organization Marketing Name: ArchCare Senior Life
Parent Organization: Catholic Health Care System

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 09/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 207 Legal Entity Address: 1432 Fifth Avenue City: New York State: NY Zip: 10026	Contact Title: Compliance Officer Name: Jamie Leibowitz Phone: 1-646-289-7715 Extension: Fax: Email: jleibowitz@archcare.org Address: 1432 Fifth Avenue City: New York State: NY Zip: 10035 Last Updated: 04/03/2012
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Contract Number: H4402
Legal Entity Name: ALEXIAN BROTHERS COMMUNITY SERVICES
Organization Marketing Name: Alexian Brothers Community Services
Parent Organization: Acension Health

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 305 Legal Entity Address: 425 CUMBERLAND STREET, Suite 110 Suite 110 City: CHATTANOOGA State: TN Zip: 37404	Contact Title: IT Name: Shannon Lane Phone: 1-423-698-0802 Extension: 212 Fax: 1-423-622-6048 Email: slane@alexianbrothers.net Address: 425 Cumberland Street Suite 110 City: Chattanooga State: TN Zip: 37404 Last Updated: 06/07/2011
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Contract Number: H4406
Legal Entity Name: UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 7,259 Legal Entity Address: 1300 RIVER DRIVE, SUITE 200 City: MOLINE State: IL Zip: 61265	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H4407
Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC.
Organization Marketing Name: HealthSpring
Parent Organization: CIGNA

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 5,543 Legal Entity Address: 530 Great Circle Road City: Nashville State: TN Zip: 37228	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-800-668-3813 Extension: Fax: Email: Wendy.Wetzel@healthspring.com Address: PO Box 20002 City: Nashville State: TN Zip: 37207 Last Updated: 09/28/2011
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Contract Number: H4408
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 11,268 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H4454
Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC.
Organization Marketing Name: HealthSpring
Parent Organization: CIGNA

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1996 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 75,702 Legal Entity Address: 530 Great Circle Road City: Nashville State: TN Zip: 37228	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-800-668-3813 Extension: Fax: Email: Wendy.Wetzel@healthspring.com Address: PO Box 20002 City: Nashville State: TN Zip: 37207 Last Updated: 09/28/2011
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Contract Number: H4456
Legal Entity Name: UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1997 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 71,473 Legal Entity Address: 1300 River Drive, Suite 200 City: Moline State: IL Zip: 61265	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H4461
Legal Entity Name: CARITEN HEALTH PLAN, INC.
Organization Marketing Name: Cariten Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1998 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 83,838 Legal Entity Address: 2160 Lakeside Centre Way City: Knoxville State: TN Zip: 37922	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H4506
Legal Entity Name: SELECTCARE OF TEXAS, INC.
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/2001 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 45,952 Legal Entity Address: 4888 Loop Central Drive Suite 300 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 11/19/2009
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Contract Number: H4510
Legal Entity Name: HUMANA HEALTH PLAN OF TEXAS, INC.
Organization Marketing Name: HUMANA HEALTH PLAN OF TEXAS, INC.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1988 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 45,668 Legal Entity Address: 1221 S. Mo Pac Expy Suite 200 City: Austin State: TX Zip: 78746	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H4513
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
Organization Marketing Name: HealthSpring
Parent Organization: CIGNA

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/2001 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 54,697 Legal Entity Address: 2900 NORTH LOOP WEST, SUITE 300 City: HOUSTON State: TX Zip: 77092	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-800-668-3813 Extension: Fax: Email: Wendy.Wetzel@healthspring.com Address: PO Box 20002 City: Nashville State: TN Zip: 37207 Last Updated: 09/28/2011
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Contract Number: H4514
Legal Entity Name: UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, LLC
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2002 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 24,574 Legal Entity Address: 9900 BREN ROAD EAST MN 008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H4517
Legal Entity Name: AMARILLO MULTISVC CTR FR THE AGING INC
Organization Marketing Name: Amarillo Multisvc Ctr For The Aging Inc
Parent Organization: Amarillo Multisvc Ctr Fr the Aging Inc

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2004 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 141 Legal Entity Address: 3108 SOUTH FILLMORE STREET City: AMARILLO State: TX Zip: 79110	Contact Title: Name: Alana Chilcote Phone: 1-806-374-5516 Extension: Fax: 1-806-373-9446 Email: alana@janwerneradulthooddaycare.org Address: 3108 S Fillmore City: Amarillo State: TX Zip: 79110 Last Updated: 05/20/2008
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Contract Number: H4518
Legal Entity Name: BIENVIVIR SENIOR HEALTH SERVICES
Organization Marketing Name: Bienvivir Senior Health Services
Parent Organization: Bienvivir Senior Health Services

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 770 Legal Entity Address: 2300 McKinley City: EL PASO State: TX Zip: 79930	Contact Title: Senior VP of Finance Name: Joaquin Garcia Phone: 1-915-562-3444 Extension: 2360 Fax: Email: jgarcia@bienvivir.org Address: 2300 Mckinley City: El Paso State: TX Zip: 79930 Last Updated: 04/24/2012
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Contract Number: H4520
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 17,584 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H4522
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 17,419 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H4523
Legal Entity Name: AETNA HEALTH, INC. (TX)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 7,839 Legal Entity Address: 2777 Stemmons Freeway Suite 300 City: Dallas State: TX Zip: 753569440	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H4524
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 11,555 Legal Entity Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H4525
Legal Entity Name: SHA, L.L.C
Organization Marketing Name: FirstCare Advantage
Parent Organization: Covenant Health System - Hendrick Health System

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 3,609 Legal Entity Address: 12940 North Highway 183 City: Austin State: TX Zip: 78750	Contact Title: Customer Service Name: Customer Service Phone: 1-866-229-4969 Extension: Fax: 1-806-784-4190 Email: cms@firstcare.com Address: 1901 West Loop 289, Suite 9 City: Lubbock State: TX Zip: 79407 Last Updated: 05/26/2009
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Contract Number: H4527
Legal Entity Name: PHYSICIANS HEALTH CHOICE OF TEXAS LLC
Organization Marketing Name: PHYSICIANS HEALTH CHOICE
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 31,341 Legal Entity Address: 8637 FREDERICKSBURG ROAD, SUITE 360 City: SAN ANTONIO State: TX Zip: 78240	Contact Title: Name: Customer Service Phone: 1-866-550-4736 Extension: Fax: 1-866-331-4362 Email: fguzman@phyhc.com Address: 5800 Northwest Parkway Suite 125 City: San Antonio State: TX Zip: 78249 Last Updated: 07/06/2010
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Contract Number: H4528
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
Organization Marketing Name: Bravo Health
Parent Organization: CIGNA

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 29,513 Legal Entity Address: 11765 WEST AVENUE City: SAN ANTONIO State: TX Zip: 782162559	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-800-668-3813 Extension: Fax: Email: Wendy.Wetzel@healthspring.com Address: 2900 North Loop West Suite 300 City: Houston State: TX Zip: 77092 Last Updated: 07/25/2012
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Contract Number: H4529
Legal Entity Name: ARCADIAN HEALTH PLAN, INC.
Organization Marketing Name: Arcadian Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 15,339 Legal Entity Address: 500 12th Street, Suite 350 City: OAKLAND State: CA Zip: 94607	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/05/2012
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Contract Number: H4556
Legal Entity Name: CONSOLIDATED ASSOC OF RAILROAD EMPLOYEES HC
Organization Marketing Name: Consolidated Assoc Of Railroad Employees Hc
Parent Organization: Consolidated Assoc of Railroad Employees HC

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 01/01/1992 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 3,854 Legal Entity Address: 4912 MIDWAY DR. P.O. BOX 6130 City: TEMPLE State: TX Zip: 76502	Contact Title: Medicare Coordinator Name: Kathy Hampton Phone: 1-254-773-1330 Extension: 268 Fax: 1-254-774-8029 Email: kathyh@care.vvm.com Address: P.O. Box 6130 City: Temple State: TX Zip: 76503-6130 Last Updated: 07/26/2010
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Contract Number: H4564
Legal Entity Name: SCOTT AND WHITE HEALTH PLAN
Organization Marketing Name: Scott and White Health Plan SeniorCare
Parent Organization: Scott and White Healthcare

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 04/01/1996 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 24,705 Legal Entity Address: 1206 West Campus Drive City: TEMPLE State: TX Zip: 76502	Contact Title: Call Center Name: Customer Service Phone: 1-866-344-3141 Extension: Fax: Email: blee@swmail.sw.org Address: 1206 West Campus Drive City: Temple State: TX Zip: 76502 Last Updated: 01/19/2011
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Contract Number: H4590
Legal Entity Name: UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 11/01/1987 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 159,244 Legal Entity Address: 8200 IH-10 SUITE 1000 City: SAN ANTONIO State: TX Zip: 78230	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/13/2011
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Contract Number: H4604
Legal Entity Name: UNITEDHEALTHCARE OF UTAH, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 38,594 Legal Entity Address: 2795 EAST COTTONWOOD PARKWAY #200 City: SALT LAKE CITY State: UT Zip: 84121	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H4605
Legal Entity Name: REGENCE BLUECROSS BLUESHIELD OF UT
Organization Marketing Name: Regence BlueCross BlueShield of Utah
Parent Organization: Cambia Health Solutions, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 16,949 Legal Entity Address: P.O. Box 12625 201 High Street SE City: Salem State: OR Zip: 97309	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 03/03/2011
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Contract Number: H4606
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 10,709 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H4652
Legal Entity Name: UNION PACIFIC RAILROAD EMPLOYES HEALTH SYSTEMS
Organization Marketing Name: Union Pacific Railroad Employees Health Systems
Parent Organization: Union Pacific Railroad Employees Health Systems

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 12/01/1993 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 12,031 Legal Entity Address: 1040 N 2200 W Suite 200 City: Salt Lake City State: UT Zip: 84116	Contact Title: Manager of Customer Services Name: Deeann Benson Phone: 1-801-595-4309 Extension: Fax: 1-801-595-2009 Email: dbenson@uphealth.com Address: 1040 N 2200 W Suite 200 City: Salt Lake City State: UT Zip: 84116 Last Updated: 05/25/2011
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Contract Number: H4738
Legal Entity Name: AMERICA'S 1ST CHOICE HEALTH PLANS, INC.
Organization Marketing Name: America's 1st Choice Health Plans, Inc.
Parent Organization: America's 1st Choice Holdings of S.C., LLC

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 305 Legal Entity Address: 250 Berry Hill Road Suite #311 City: Columbia State: SC Zip: 29210	Contact Title: Associate VP NC/SC/GA Name: Jane Young Phone: 1-803-748-4533 Extension: 2223 Fax: Email: AFCOPS@americas1stchoice.com Address: 250 Berryhill Rd Suite 311 City: Columbia State: SC Zip: 29210 Last Updated: 02/07/2012
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Contract Number: H4754
Legal Entity Name: PACIFICSOURCE COMMUNITY HEALTH PLANS, INC.
Organization Marketing Name: PacificSource Medicare
Parent Organization: PacificSource Health Plans

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 5,224 Legal Entity Address: 2965 NE Conners Ave. City: Bend State: OR Zip: 97701	Contact Title: Medicare Marketing Manager Name: Brad Westphal Phone: 1-541-385-5315 Extension: Fax: 1-541-385-3008 Email: bwestphal@pacificsource.com Address: 2965 NE Conners Ave. City: Bend State: OR Zip: 97701 Last Updated: 06/09/2011
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Contract Number: H4785
Legal Entity Name: HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.
Organization Marketing Name: Humana Health Benefit Plan of Louisiana, Inc.
Parent Organization: Humana Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 486 Legal Entity Address: One Galleria Blvd. Suite 850 City: Metairie State: LA Zip: 70001	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H4837
Legal Entity Name: UNITEDHEALTHCARE OF WISCONSIN
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,025 Legal Entity Address: 10701 W. Research Drive P.O. Box 26649 City: Wauwatosa State: WI Zip: 53226	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 01/03/2011
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Contract Number: H4866
Legal Entity Name: CUATRO LLC
Organization Marketing Name: Access Medicare
Parent Organization: Cuatro LLC.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 1,491 Legal Entity Address: 93-20 Roosevelt Avenue Suite 3C City: Jackson Heights State: NY Zip: 11372	Contact Title: VP, Network Management/Sales Name: Victor Pupo Phone: 1-718-899-0051 Extension: Fax: 1-718-899-2102 Email: lramirez@accessmedicareny.com Address: 93-20a Roosevelt Avenue Suite 3C City: Jackson Heights State: NY Zip: 11372 Last Updated: 06/12/2012
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Contract Number: H4875
Legal Entity Name: PRIORITY HEALTH
Organization Marketing Name: Priority Health Medicare
Parent Organization: Spectrum Health System

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 3,178 Legal Entity Address: 1231 E. Beltline Ave. NE City: Grand Rapids State: MI Zip: 49525	Contact Title: Name: Customer Service Phone: 1-888-389-6648 Extension: Fax: Email: CSEmail-Incoming@priorityhealth.com Address: 1231 East Beltline Ave NE City: Grand Rapids State: MI Zip: 49525 Last Updated: 12/03/2008
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Contract Number: H4906
Legal Entity Name: C AND O EMPLOYEES' HOSPITAL ASSOCIATION
Organization Marketing Name: C and O Employees' Hospital Association
Parent Organization: C & O Employees' Hospital Association

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 05/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 2,603 Legal Entity Address: 511 MAIN STREET, 2ND FLOOR City: CLIFTON FORGE State: VA Zip: 24422	Contact Title: Dues Clerk Name: Margaret Brown Phone: 1-800-679-9135 Extension: Fax: 1-540-862-4958 Email: margbrown@coeha.com Address: 511 Main Street, 2nd Floor City: Clifton Forge State: VA Zip: 24422 Last Updated: 09/28/2007
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Contract Number: H4909
Legal Entity Name: ANTHEM HEALTH PLANS OF VIRGINIA, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 27,794 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-888-290-9160 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
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Contract Number: H4910
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 588 Legal Entity Address: 980 Jolly Road City: BLUE BELL State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H4956
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 9,548 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H5005
Legal Entity Name: UNITEDHEALTHCARE OF WASHINGTON, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1987 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 53,013 Legal Entity Address: 7525 S.E. 24TH STREET City: MERCER ISLAND State: WA Zip: 98040	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/14/2011
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Contract Number: H5007
Legal Entity Name: PROVIDENCE HEALTH SYSTEM
Organization Marketing Name: Providence Health System
Parent Organization: Providence Health & Services

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 424 Legal Entity Address: 4515 MARTIN LUTHER KING JR.WAY SOUTH STE 10 City: SEATTLE State: WA Zip: 98108	Contact Title: Business Operations Manager Name: Charlie Givan Phone: 1-206-320-5325 Extension: Fax: 1-206-760-6339 Email: charles.givan@providence.org Address: 4515 Martin Luther King Jr. Way S. Ste. 100 City: Seattle State: WA Zip: 98108 Last Updated: 05/15/2012
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Contract Number: H5008
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 3,791 Legal Entity Address: 9900 BREN ROAD EAST City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5009
Legal Entity Name: REGENCE BLUESHIELD
Organization Marketing Name: Regence BlueShield
Parent Organization: Cambia Health Solutions, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 23,239 Legal Entity Address: P. O. Box 12625 201 High Street SE City: Salem State: OR Zip: 97309	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 03/03/2011
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Contract Number: H5010
Legal Entity Name: ASURIS NORTHWEST HEALTH
Organization Marketing Name: Asuris Northwest Health
Parent Organization: Cambia Health Solutions, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 2,027 Legal Entity Address: P.O. Box 12625 201 High Street SE City: Salem State: OR Zip: 97309	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 03/03/2011
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Contract Number: H5016
Legal Entity Name: PROVIDENCE HEALTH PLANS
Organization Marketing Name: Providence Health Plans
Parent Organization: Providence Health & Services

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 1,105 Legal Entity Address: 3601 SW Murray Blvd, Suite 10 City: Beaverton State: OR Zip: 97005	Contact Title: Program Manager - Medicare Compliance Name: Keri Steege Phone: 1-503-574-6437 Extension: Fax: 1-503-574-6543 Email: keri.steege@providence.org Address: 3601 SW Murray Blvd. Suite 10 City: Beaverton State: OR Zip: 97005 Last Updated: 01/07/2010
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Contract Number: H5037
Legal Entity Name: MOUNTAIN EMPIRE OLDER CITIZENS, INCX.
Organization Marketing Name: Mountain Empire PACE
Parent Organization: Mountain Empire Older Citizens, Inc

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 99 Legal Entity Address: 1501 Third Avenue East P.O. Box 888 City: Big Stone Gap State: VA Zip: 24219	Contact Title: PACE Director Name: Tony Lawson Phone: 1-276-523-0599 Extension: Fax: 1-276-523-4690 Email: tlawson@meoc.org Address: P. O. Box 888 City: Big Stone Gap State: VA Zip: 24219 Last Updated: 02/15/2011
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Contract Number: H5041
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 9,454 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H5042
Legal Entity Name: CDPHP UNIVERSAL BENEFITS, INC.
Organization Marketing Name: CDPHP Medicare Choices
Parent Organization: Capital District Physicians' Health Plan, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 5,094 Legal Entity Address: 500 Patroon Creek Blvd. City: Albany State: NY Zip: 12206	Contact Title: Manager, Member Services Name: Laura Kordas Phone: 1-518-641-3710 Extension: Fax: Email: lkordas@cdphp.com Address: 500 Patroon Creek Blvd City: Albany State: NY Zip: 12206 Last Updated: 02/01/2008
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Contract Number: H5050
Legal Entity Name: GROUP HEALTH COOPERATIVE
Organization Marketing Name: Group Health Cooperative
Parent Organization: Group Health Cooperative

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1989 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 74,848 Legal Entity Address: 320 Westlake Avenue North, Suite 100 Attn: Medicare Programs & Compliance City: SEATTLE State: WA Zip: 981095233	Contact Title: Health Plan Operations Name: Provider Assistance Unit Phone: 1-888-767-4670 Extension: Fax: 1-509-249-7615 Email: mccauley.t@ghc.org Address: Group Health Cooperative, Provider Assistance Unit PO Box 34585 City: Seattle State: WA Zip: 98124-1585 Last Updated: 06/02/2008
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Contract Number: H5087
Legal Entity Name: EASY CHOICE HEALTH PLAN INC.
Organization Marketing Name: Easy Choice Health Plan
Parent Organization: Easy Choice Health Plan Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 33,153 Legal Entity Address: 180 E. Ocean Blvd Suite 700 City: Long Beach State: CA Zip: 90802	Contact Title: Membership Operations Department Name: Customer Service Phone: 1-866-999-3945 Extension: Fax: 1-877-999-3945 Email: info@easychoicehp.com Address: 180 E. Ocean Blvd. Suite 700 City: Long Beach State: CA Zip: 90802 Last Updated: 06/24/2010
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Contract Number: H5096
Legal Entity Name: UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.
Organization Marketing Name: Universal Health Care Insurance Company, Inc.
Parent Organization: Universal Health Care Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 2,678 Legal Entity Address: 100 Central Avenue Suite 200 City: St. Petersburg State: FL Zip: 33701	Contact Title: Compliance Officer Name: Nirali Patel Phone: 1-866-690-4842 Extension: Fax: 1-727-822-3446 Email: compliance@univhc.com Address: UNIVERSAL HEALTH CARE, INC. 100 CENTRAL AVENUE, SUITE 200 City: SAINT PETERSBURG State: FL Zip: 33701 Last Updated: 07/12/2011
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Contract Number: H5106
Legal Entity Name: HIGHMARK HEALTH INSURANCE COMPANY
Organization Marketing Name: Highmark Health Insurance Company
Parent Organization: Highmark Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 11,699 Legal Entity Address: 120 Fifth Avenue City: Pittsburgh State: PA Zip: 15222	Contact Title: VP, Sr. Products Operations Name: Sally Rich Phone: 1-888-459-4020 Extension: Fax: Email: sally.rich@highmark.com Address: 120 Fifth Avenue P5501 City: Pittsburgh State: PA Zip: 15222-3099 Last Updated: 01/27/2010
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Contract Number: H5151
Legal Entity Name: HEALTH PLAN OF THE UPPER OHIO VALLEY
Organization Marketing Name: The Health Plan
Parent Organization: Health Plan of the Upper Ohio Valley

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 8,967 Legal Entity Address: 52160 NATIONAL ROAD EAST City: ST. CLAIRSVILLE State: OH Zip: 43950	Contact Title: Director Member Services Name: Sherry Stanley Phone: 1-740-695-7682 Extension: Fax: 1-740-695-8103 Email: sstanley@healthplan.org Address: The Health Plan 52160 National Road East City: St. Clairsville State: OH Zip: 43950 Last Updated: 08/23/2006
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Contract Number: H5167
Legal Entity Name: ROCKY MOUNTAIN HEALTH CARE SERVICES
Organization Marketing Name: Rocky Mountain PACE
Parent Organization: Rocky Mountain Health Care Services

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 12/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 133 Legal Entity Address: 2335 Robinson Street City: Colorado Springs State: CO Zip: 80904	Contact Title: PACE Site Director Name: Kris Abbott Phone: 1-719-314-2327 Extension: 335 Fax: 1-719-457-0766 Email: kabbott@mhcare.org Address: 2335 Robinson Street City: Colorado Springs State: CO Zip: 80904 Last Updated: 10/30/2010
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Contract Number: H5206
Legal Entity Name: PARTNERSHIP HEALTH PLAN, INC.
Organization Marketing Name: Community Health Partnership
Parent Organization: Community Health Partnership, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 1,354 Legal Entity Address: 2240 EASTRIDGE CENTER City: EAU CLAIRE State: WI Zip: 54701	Contact Title: Claims Customer Service Name: Claims Customer Service Phone: 1-715-838-1270 Extension: Fax: 1-715-838-2910 Email: CHPClaimsCustomerService@chpmail.net Address: 2240 EastRidge Center City: Eau Claire State: WI Zip: 54701 Last Updated: 08/17/2011
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Contract Number: H5207
Legal Entity Name: COMMUNITY CARE HEALTH PLAN, INC
Organization Marketing Name: Community Care
Parent Organization: Community Care, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 250 Legal Entity Address: 1555 S. Layton Blvd. City: Milwaukee State: WI Zip: 53215	Contact Title: Name: Provider Hotline Phone: 1-866-937-2783 Extension: Fax: Email: claimsinquiries@communitycareinc.org Address: 1801 Dolphin Drive City: Waukesha State: WI Zip: 53186 Last Updated: 02/17/2010
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Contract Number: H5209
Legal Entity Name: CARE WISCONSIN HEALTH PLAN, INC.
Organization Marketing Name: Care Wisconsin Health Plan, Inc.
Parent Organization: Care Wisconsin First, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 893 Legal Entity Address: 2802 INTERNATIONAL LANE PO BOX 14017 City: MADISON State: WI Zip: 537080017	Contact Title: Name: Customer Service Phone: 1-800-963-0035 Extension: Fax: Email: webmaster@carewisc.org Address: 2802 International Lane P.O. Box 14017 City: Madison State: WI Zip: 53708-0017 Last Updated: 04/30/2009
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Contract Number: H5211
Legal Entity Name: SECURITY HEALTH PLAN OF WISCONSIN, INC
Organization Marketing Name: Security Health Plan of Wisconsin, Inc.
Parent Organization: Marshfield Clinic.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 37,772 Legal Entity Address: 1515 SAINT JOSEPH AVENUE PO Box 8000 City: MARSHFIELD State: WI Zip: 54449	Contact Title: Customer Service Manager Name: Ken Baur Phone: 1-877-998-0998 Extension: Fax: 1-715-221-9500 Email: baur.ken@securityhealth.org Address: 1515 Saint Joseph Avenue PO Box 8000 City: Marshfield State: WI Zip: 54449-8000 Last Updated: 03/01/2010
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Contract Number: H5212
Legal Entity Name: COMMUNITY CARE, INC.
Organization Marketing Name: Community Care
Parent Organization: Community Care, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 737 Legal Entity Address: 1555 S. Layton Blvd. City: Milwaukee State: WI Zip: 53215	Contact Title: Name: Provider Hotline Phone: 1-866-937-2783 Extension: Fax: Email: claimsinquiries@communitycareinc.org Address: 1801 Dolphin Drive City: Waukesha State: WI Zip: 53186 Last Updated: 02/17/2010
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Contract Number: H5213
Legal Entity Name: TOTAL COMMUNITY CARE, L.L.C.
Organization Marketing Name: Total Community Care
Parent Organization: Total Community Options, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 06/01/2004 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 384 Legal Entity Address: 904 A LAS LOMAS N.E. City: Albuquerque State: NM Zip: 87102	Contact Title: AVP Medicare and Medicaid Compliance Name: Matthew Zimmerman Phone: 1-303-869-4664 Extension: Fax: 1-303-996-1600 Email: mzimmerman@totallongtermcare.org Address: 8950 East Lowry Boulevard City: Denver State: CO Zip: 80230 Last Updated: 11/18/2010
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Contract Number: H5214
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 28,948 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H5215
Legal Entity Name: NETWORK HEALTH INSURANCE CORPORATION
Organization Marketing Name: Network Platinum Medicare Advantage Plans
Parent Organization: Affinity Health System

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 47,090 Legal Entity Address: 1570 MIDWAY PLACE P.O. Box 120 City: MENASHA State: WI Zip: 54952	Contact Title: VP Medicare Products Name: Marcia Broeren Phone: 1-920-720-1556 Extension: Fax: 1-920-720-1912 Email: mbroeren@networkhealth.com Address: 1570 Midway Place P.O. Box 120 City: Menasha State: WI Zip: 54952 Last Updated: 03/24/2008
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Contract Number: H5216
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 18,140 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H5253
Legal Entity Name: UNITEDHEALTHCARE OF WISCONSIN, INC
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1995 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 72,449 Legal Entity Address: 10701 W. RESEARCH DRIVE P.O. BOX 26649 City: MILWAUKEE State: WI Zip: 532260649	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5256
Legal Entity Name: MEDICAL ASSOCIATES CLINIC HEALTH PLAN
Organization Marketing Name: Medical Associates Clinic Health Plan of Wisconsin
Parent Organization: Medical Associates Clinic, P.C.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 02/01/1996 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Kansas City Enrollment: 2,876 Legal Entity Address: 1605 ASSOCIATES DRIVE, Suite 101 City: DUBUQUE State: IA Zip: 52002	Contact Title: Marketing Specialist Name: Julie Hoffmann Phone: 1-563-556-8070 Extension: Fax: 1-563-556-5134 Email: jhoffmann@mahealthcare.com Address: 1605 Associates Drive City: Dubuque State: IA Zip: 52002 Last Updated: 06/24/2010
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Contract Number: H5262
Legal Entity Name: GUNDERSEN LUTHERAN HEALTH PLAN
Organization Marketing Name: Gundersen Lutheran Health Plan, Inc.
Parent Organization: Gundersen Lutheran Health System Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 13,284 Legal Entity Address: 3190 Gundersen Drive. City: Onalaska State: WI Zip: 54650	Contact Title: Name: Customer Service Phone: 1-800-394-5566 Extension: 58077 Fax: 1-608-775-8091 Email: hpcustomerservice@gundluth.org Address: 1900 South Avenue Mailstop: NCA2-01 City: La Crosse State: WI Zip: 54601 Last Updated: 08/21/2006
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Contract Number: H5264
Legal Entity Name: DEAN HEALTH PLAN, INC.
Organization Marketing Name: Dean Health Plan, Inc.
Parent Organization: Dean Health Systems Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1999 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 19,500 Legal Entity Address: 1277 DEMING WAY City: MADISON State: WI Zip: 53717	Contact Title: Vice President of Sales and Marketing Name: Edward Pattarozzi Phone: 1-608-827-4219 Extension: Fax: Email: edward.pattarozzi@deancare.com Address: 1277 Deming Way City: Madison State: WI Zip: 53717 Last Updated: 11/03/2011
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Contract Number: H5291
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 8,976 Legal Entity Address: 321 West Main Street, 12th Floor City: Louisville State: KY Zip: 40202	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H5294
Legal Entity Name: SUPERIOR HEALTH PLAN, INC.
Organization Marketing Name: Advantage by Superior HealthPlan
Parent Organization: Centene Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 1,693 Legal Entity Address: The Regency Building, Suite 200 2100 South IH-35 City: Austin State: TX Zip: 78704	Contact Title: Director, Data Management Name: Sloane COdy Phone: 1-800-218-7453 Extension: 22172 Fax: Email: scody@centene.com Address: 2100 South IH 35 Suite 202 City: Austin State: TX Zip: 78704 Last Updated: 12/20/2010
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Contract Number: H5302
Legal Entity Name: COVENTRY HEALTH CARE OF GEORGIA, INC.
Organization Marketing Name: Coventry Health Care
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 6,637 Legal Entity Address: 1100 Circle 75 PKWY, Suite 1400 City: Atlanta State: GA Zip: 30339	Contact Title: Product Manager Name: Vicki Mikels Phone: 1-800-470-2004 Extension: 6551 Fax: 1-866-613-4977 Email: vmmikels@cvtv.com Address: 1100 Circle 75 Parkway Suite 1400 City: Atlanta State: GA Zip: 30339 Last Updated: 03/29/2012
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Contract Number: H5378
Legal Entity Name: THE PYRAMID LIFE INSURANCE COMPANY
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 5,373 Legal Entity Address: 4888 Loop Central Drive Suite 300 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 06/17/2009
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Contract Number: H5403
Legal Entity Name: ON LOK SENIOR HEALTH SERVICES
Organization Marketing Name: On Lok Lifeways
Parent Organization: On Lok, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 1,122 Legal Entity Address: 1333 BUSH STREET City: SAN FRANCISCO State: CA Zip: 94109	Contact Title: Health Plan Associate Name: Edward Chung Phone: 1-415-292-8692 Extension: Fax: 1-415-292-8745 Email: echung@onlok.org Address: 1333 Bush Street City: San Francisco State: CA Zip: 94109 Last Updated: 08/31/2010
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Contract Number: H5404
Legal Entity Name: UNIVERSAL HEALTH CARE, INC.
Organization Marketing Name: Universal Health Care, Inc.
Parent Organization: Universal Health Care Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2003 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 50,719 Legal Entity Address: 100 Central Avenue Suite #200 City: Saint Petersburg State: FL Zip: 33701	Contact Title: Compliance Officer Name: Nirali Patel Phone: 1-866-690-4842 Extension: Fax: 1-727-822-3446 Email: compliance@univhc.com Address: UNIVERSAL HEALTH CARE, INC. 100 CENTRAL AVENUE, SUITE 200 City: SAINT PETERSBURG State: FL Zip: 33701 Last Updated: 07/12/2011
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Contract Number: H5405
Legal Entity Name: CENTER FOR ELDERS INDEPENDENCE
Organization Marketing Name: Center For Elders' Independence
Parent Organization: Center For Elders Independence

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 483 Legal Entity Address: 510-17th St., Suite 400 City: OAKLAND State: CA Zip: 94612	Contact Title: IT Manager Name: Leroy Fergeson Phone: 1-510-433-1160 Extension: 7102 Fax: 1-510-452-8836 Email: lfergeson@cei.elders.org Address: 510-17th St., Suite 400 City: Oakland State: CA Zip: 94612 Last Updated: 09/30/2009
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Contract Number: H5406
Legal Entity Name: SUTTER HEALTH SACRAMENTO SIERRA REGION
Organization Marketing Name: Sutter SeniorCare PACE
Parent Organization: Sutter Health Sacramento Sierra Region

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 205 Legal Entity Address: 7000 Franklin Blvd., Suite 1020 City: Sacramento State: CA Zip: 95823	Contact Title: Director Name: Karen Dunning Phone: 1-916-643-6577 Extension: Fax: 1-916-454-6694 Email: dunningkl@sutterhealth.org Address: 7000 Franklin Blvd City: Sacramento State: CA Zip: 95823 Last Updated: 05/09/2012
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Contract Number: H5410
Legal Entity Name: HEALTHSPRING OF FLORIDA, INC.
Organization Marketing Name: HealthSpring of Florida, Inc.
Parent Organization: CIGNA

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2005 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 41,375 Legal Entity Address: 11401 SW 40 Street, Suite 400 City: MIAMI State: FL Zip: 33165	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-800-668-3813 Extension: Fax: Email: Wendy.Wetzel@healthspring.com Address: PO Box 20002 City: Nashville State: TN Zip: 37207 Last Updated: 09/28/2011
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Contract Number: H5414
Legal Entity Name: AETNA HEALTH, INC. (FL)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 3,615 Legal Entity Address: 4630 Woodlands Corporate Blvd. City: Tampa State: FL Zip: 33614	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/24/2006
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Contract Number: H5415
Legal Entity Name: HUMANA HEALTH INSURANCE COMPANY OF FL, INC.
Organization Marketing Name: Humana Health Insurance Company of FL, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 12,602 Legal Entity Address: 3501 SW 160th Avenue City: Miramar State: FL Zip: 33027	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H5416
Legal Entity Name: ARCADIAN HEALTH PLAN, INC.
Organization Marketing Name: Arcadian Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 9,287 Legal Entity Address: 500 12th Street, Suite 350 City: OAKLAND State: CA Zip: 94607	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/05/2012
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Contract Number: H5417
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,996 Legal Entity Address: 4350 WEST CYPRESS STREET SUITE 1000 City: TAMPA State: FL Zip: 33607	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5420
Legal Entity Name: MEDICA HEALTHCARE PLANS, INC.
Organization Marketing Name: Medica HealthCare Plans, Inc.
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: PSO (State License) Contract Effective Date: 06/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 35,563 Legal Entity Address: 4000 Ponce de Leon Blvd. Suite 650 City: CORAL GABLES State: FL Zip: 33146	Contact Title: Name: Jenny Curbelo Phone: 1-800-407-9069 Extension: Fax: 1-305-460-0616 Email: jcurbello@medicaplans.com Address: 4000 Ponce De Leon Blvd. Suite 650 City: Coral Gables State: FL Zip: 33146 Last Updated: 08/18/2006
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Contract Number: H5421
Legal Entity Name: THE PYRAMID LIFE INSURANCE COMPANY
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 17,554 Legal Entity Address: 4888 Loop Central Drive Suite 300 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 11/19/2009
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Contract Number: H5422
Legal Entity Name: BCBS HEALTHCARE PLAN OF GEORGIA, INC.
Organization Marketing Name: Blue Cross Blue Shield Healthcare Plan of Georgia
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 2,960 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-207-8869 Extension: Fax: Email: SRcsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
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Contract Number: H5424
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 06/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 13,075 Legal Entity Address: 9900 Bren Road E City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5425
Legal Entity Name: SCAN HEALTH PLAN
Organization Marketing Name: SCAN Health Plan
Parent Organization: SCAN Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 104,119 Legal Entity Address: 3800 Kilroy Airport Way Suite: 100 City: Long Beach State: CA Zip: 90806	Contact Title: Manager, Member Services Operations Name: Kim McBeath Phone: 1-800-559-3500 Extension: Fax: 1-562-989-5181 Email: MemberServices@scanhealthplan.com Address: 3800 Kilroy Airport Way Suite: 100 City: Long Beach State: CA Zip: 90806 Last Updated: 09/30/2011
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Contract Number: H5426
Legal Entity Name: HUMANA ADVANTAGECARE PLAN, INC.
Organization Marketing Name: Humana AdvantageCare Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 9,890 Legal Entity Address: 3501 SW 160th Avenue City: Miramar State: FL Zip: 33027	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H5427
Legal Entity Name: FREEDOM HEALTH PLAN, INC.
Organization Marketing Name: Freedom Health, Inc.
Parent Organization: America's 1st Choice Holdings of Florida, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 46,542 Legal Entity Address: 5403 N Church Avenue City: Tampa State: FL Zip: 33614	Contact Title: Sr. VP Operations Name: Chris O'Connor Phone: 1-800-401-2740 Extension: Fax: Email: ops@americas1stchoice.com Address: 5403, Church Ave N, City: Tampa State: FL Zip: 33614 Last Updated: 05/27/2010
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Contract Number: H5428
Legal Entity Name: SAN MATEO HEALTH COMMISSION
Organization Marketing Name: Health Plan of San Mateo
Parent Organization: Health Plan of San Mateo

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 8,474 Legal Entity Address: 701 GATEWAY BLVD., SUITE 400 City: SOUTH SAN FRANCISCO State: CA Zip: 94080	Contact Title: Name: CareAdvntg Unit Phone: 1-866-880-0606 Extension: Fax: Email: careadvantage@hpsm.org Address: 701 Gateway Blvd., Suite 400 City: South San Francisco State: CA Zip: 94080 Last Updated: 08/18/2006
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Contract Number: H5430
Legal Entity Name: CARE1ST HEALTH PLAN OF ARIZONA
Organization Marketing Name: ONECare by Care1st Health Plan Arizona, Inc.
Parent Organization: Care1st Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,622 Legal Entity Address: 2355 E. CAMELBACK ROAD, SUITE 300 City: PHOENIX State: AZ Zip: 85016	Contact Title: Compliance Manager Name: Shannon Reynolds Phone: 1-602-778-8318 Extension: Fax: Email: sreynolds@care1st.com Address: 2355 E. Camelback Rd., Ste 300 City: Phoenix State: AZ Zip: 85016 Last Updated: 06/15/2011
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Contract Number: H5431
Legal Entity Name: HEALTHSUN HEALTH PLANS, INC.
Organization Marketing Name: HealthSun Health Plans, Inc.
Parent Organization: HealthSun Health Plans, Inc

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 14,170 Legal Entity Address: 3250 Mary Street, Suite 300 City: Coconut Grove State: FL Zip: 33133	Contact Title: Vice President Name: Jonathan Klein Phone: 1-305-234-9292 Extension: Fax: 1-305-444-9148 Email: cms_technical@healthsun.com Address: 3250 Mary Street, Suite 300 City: Coconut Grove State: FL Zip: 33133 Last Updated: 01/11/2012
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Contract Number: H5433
Legal Entity Name: ORANGE COUNTY HEALTH AUTHORITY
Organization Marketing Name: OneCare
Parent Organization: Orange County Health Authority

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 13,979 Legal Entity Address: 505 City Parkway West City: Orange State: CA Zip: 92868	Contact Title: Name: Customer Service Phone: 1-877-412-2734 Extension: Fax: Email: semerzian@caloptima.org Address: 505 City Parkway West City: Orange State: CA Zip: 92868 Last Updated: 02/17/2012
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Contract Number: H5434
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
Organization Marketing Name: Florida Blue
Parent Organization: Blue Cross and Blue Shield of Florida

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 4,282 Legal Entity Address: 4800 DEERWOOD CAMPUS PARKWAY City: JACKSONVILLE State: FL Zip: 32246	Contact Title: Compliance Specialist Name: Debbie DeArmas Phone: 1-904-905-4688 Extension: Fax: 1-904-475-7034 Email: Debbie.DeArmas@bcbsfl.com Address: 4800 Deerwood Campus Pkwy DCC Building 100, 7th Floor City: Jacksonville State: FL Zip: 32246 Last Updated: 06/02/2011
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Contract Number: H5435
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 74,748 Legal Entity Address: 9900 Bren Road East MN008-T615 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5439
Legal Entity Name: HEALTH NET LIFE INSURANCE COMPANY
Organization Marketing Name: Health Net Life Insurance Company
Parent Organization: Health Net, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 5,180 Legal Entity Address: 21281 BURBANK BLVD. Building B City: WOODLAND HILLS State: CA Zip: 91367	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-800-275-4737 Extension: Fax: Email: member_services@healthnet.com Address: P.O. Box 10198 City: Van Nuys State: CA Zip: 91410-0198 Last Updated: 08/21/2006
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Contract Number: H5440
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 352 Legal Entity Address: 4350 WEST CYPRESS STREET SUITE 1000 City: TAMPA State: FL Zip: 33607	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5470 Legal Entity Name: HUMANA INSURANCE COMPANY Organization Marketing Name: Humana Insurance Company Parent Organization: Humana Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 14,469 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
Contract Number: H5471 Legal Entity Name: SIMPLY HEALTHCARE PLANS, INC. Organization Marketing Name: Simply Healthcare Plans, Inc. Parent Organization: Simply Healthcare Holdings, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 3,266 Legal Entity Address: 1701 Ponce de Leon Blvd. Suite 300 City: Coral Gables State: FL Zip: 33134	Contact Title: Director IT Name: Alex McNab Phone: 1-305-408-5700 Extension: 5728 Fax: 1-305-408-5858 Email: amcnab@simplyhealthcareplans.com Address: 1701 Ponce de Leon Blvd Suite 300 City: Coral Gables State: FL Zip: 33134 Last Updated: 02/23/2011
Contract Number: H5475 Legal Entity Name: MERIDIAN HEALTH PLAN OF MICHIGAN, INC. Organization Marketing Name: Meridian Advantage Plan of Michigan Parent Organization: Caidan Enterprises, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 287 Legal Entity Address: 777 Woodward Avenue Suite 600 City: Detroit State: MI Zip: 48226	Contact Title: Name: Justin Bookmeier Phone: 1-313-324-3700 Extension: 1457 Fax: 1-313-202-1273 Email: justin.bookmeier@mhplan.com Address: 777 Woodward Ave Suite 600 City: Detroit State: MI Zip: 48226 Last Updated: 02/15/2012
Contract Number: H5507 Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY Organization Marketing Name: UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 4,721 Legal Entity Address: 9900 bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010

Contract Number: H5508
Legal Entity Name: ADVANTAGE HEALTH SOLUTIONS, INC.
Organization Marketing Name: ADVANTAGE Health Solutions, Inc.
Parent Organization: Advantage Health Solutions

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 7,789 Legal Entity Address: 9045 River Road, Suite 200 City: Indianapolis State: IN Zip: 46240	Contact Title: Medicare Programs Operations Manager Name: Diane Hettmansperger Phone: 1-800-523-7533 Extension: Fax: Email: dhettmansperger@advantageplan.com Address: 9045 River Road, Suite 200 City: Indianapolis State: IN Zip: 46240 Last Updated: 11/01/2010
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Contract Number: H5509
Legal Entity Name: COVENTRY HEALTH AND LIFE INS. COMPANY
Organization Marketing Name: COVENTRY HEALTH CARE
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 24,285 Legal Entity Address: 500 Virginia Street, Suite 400 City: Charleston State: WV Zip: 25326	Contact Title: Vice President General Manager Medicare Name: Katie Guhr Phone: 1-866-731-9570 Extension: Fax: Email: kxguhr@cvty.com Address: 8320 Ward Parkway City: Kansas City State: MO Zip: 64114 Last Updated: 03/15/2012
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Contract Number: H5516
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,145 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5520
Legal Entity Name: HEALTH NET LIFE INSURANCE COMPANY
Organization Marketing Name: Health Net Life Insurance Company
Parent Organization: Health Net, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 44,647 Legal Entity Address: 13221 SW 68th Parkway, Ste. 200 City: Tigard State: OR Zip: 97223	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-888-445-8913 Extension: Fax: Email: notavailable@healthnet.com Address: 13221 SW 68th Parkway City: Tigard State: OR Zip: 97223-8328 Last Updated: 08/21/2006
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Contract Number: H5521
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 266,668 Legal Entity Address: 980 Jolly Road City: Blue Bell State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/24/2006
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Contract Number: H5522
Legal Entity Name: HEALTHASSURANCE PENNSYLVANIA, INC.
Organization Marketing Name: HealthAmerica
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 34,348 Legal Entity Address: 11 Stanwix Street City: Pittsburgh State: PA Zip: 15222	Contact Title: Vice President, General Manager Name: Robert O'Connor Phone: 1-800-290-0190 Extension: Fax: Email: rtoconnor@cvty.com Address: 11 Stanwix Street City: Pittsburgh State: PA Zip: 15222 Last Updated: 08/31/2011
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Contract Number: H5525
Legal Entity Name: HUMANA BENEFIT PLAN OF ILLINOIS, INC.
Organization Marketing Name: Humana Benefit Plan of Illinois, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 10,352 Legal Entity Address: 7915 N. Hale Avenue Suite D City: Peoria State: IL Zip: 61615	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H5526
Legal Entity Name: HEALTHNOW NEW YORK INC.
Organization Marketing Name: BlueCross BlueShield of WNY or BlueShield of NENY
Parent Organization: HealthNow New York Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 18,714 Legal Entity Address: 257 West Genesee Street City: Buffalo State: NY Zip: 14202	Contact Title: Name: Customer Service Phone: 1-877-327-1395 Extension: Fax: Email: seniorblue@bcbswny.com Address: PO Box 13599 City: Albany State: NY Zip: 12212 Last Updated: 06/06/2011
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Contract Number: H5528
Legal Entity Name: GROUP HEALTH INCORPORATED
Organization Marketing Name: EmblemHealth Medicare PPO
Parent Organization: EmblemHealth, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 22,402 Legal Entity Address: 80 Wolf Road 6th Floor City: Albany State: NY Zip: 12205	Contact Title: Sr. Director Customer Service Name: Charles Mellia Phone: 1-800-447-8255 Extension: Fax: 1-646-447-3071 Email: CMellia@EmblemHealth.com Address: 55 Water Street City: New York State: NY Zip: 10041 Last Updated: 04/29/2011
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Contract Number: H5529
Legal Entity Name: COMMUNITY INSURANCE COMPANY
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 27,965 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 91362	Contact Title: Name: Customer Service Phone: 1-888-290-9160 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
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Contract Number: H5530
Legal Entity Name: ANTHEM HEALTH PLANS OF KENTUCKY, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 5,961 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 91362	Contact Title: Name: Customer Service Phone: 1-888-290-9160 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
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Contract Number: H5532
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,719 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5533
Legal Entity Name: UPMC HEALTH NETWORK
Organization Marketing Name: UPMC Health Plan
Parent Organization: University of Pittsburgh Medical Center

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 15,013 Legal Entity Address: USX Tower, 55th Floor 600 Grant Street City: Pittsburgh State: PA Zip: 15219	Contact Title: Name: Medicare Marketing Phone: 1-877-381-3765 Extension: Fax: Email: upmchp@upmc.edu Address: USX Tower, 9th Floor 600 Grant Street City: Pittsburgh State: PA Zip: 15219 Last Updated: 03/23/2012
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Contract Number: H5549
Legal Entity Name: VNS CHOICE
Organization Marketing Name: VNSNY CHOICE Medicare
Parent Organization: Visiting Nurse Service of New York

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 9,383 Legal Entity Address: 107 E 70th Street City: New York State: NY Zip: 10021	Contact Title: Compliance and Communications Specialist Name: Sandra Osse Phone: 1-866-783-1444 Extension: Fax: Email: sandra.osse@vnsny.org Address: 1250 Broadway 11th Floor City: New York State: NY Zip: 10001 Last Updated: 06/02/2011
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Contract Number: H5575
Legal Entity Name: FIDELIS SECURECARE OF NORTH CAROLINA
Organization Marketing Name: Fidelis SecureCare of North Carolina
Parent Organization: Fidelis SeniorCare, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 226 Legal Entity Address: 9300 Harris Corners Parkway Suite 100 City: Charlotte State: NC Zip: 28269	Contact Title: Manager - Customer Services-Production Name: Ronald Rome Phone: 1-877-372-8085 Extension: Fax: Email: rrome@tmghealth.com Address: 201 Lackawanna Ave City: Scranton State: PA Zip: 18503 Last Updated: 12/03/2010
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Contract Number: H5576
Legal Entity Name: VANTAGE HEALTH PLAN, INC.
Organization Marketing Name: Vantage Health Plan, Inc.
Parent Organization: Vantage Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 8,700 Legal Entity Address: 130 DeSiard St Suite 300 City: Monroe State: LA Zip: 71201	Contact Title: Medicare Compliance Officer Name: Sally L Knight Phone: 1-318-361-0900 Extension: 1142 Fax: 1-318-361-2184 Email: sknight@vhpla.com Address: 130 DeSiard St Suite 300 City: Monroe State: LA Zip: 71201 Last Updated: 04/20/2011
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Contract Number: H577
Legal Entity Name: MCS ADVANTAGE INC.
Organization Marketing Name: MCS Classicare
Parent Organization: Medical Card System, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 48,975 Legal Entity Address: MCS Plaza 255 Ponce De Leon Ave. City: San Juan State: PR Zip: 00918	Contact Title: Compliance Officer Name: Jenny Cárdenas Phone: 1-787-758-2500 Extension: 2694 Fax: 1-787-620-6906 Email: jcardenas@medicalcardsystem.com Address: MCS Plaza 255 Ponce de Leon Avenue, Second Floor City: San Juan State: PR Zip: 00918 Last Updated: 06/22/2012
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Contract Number: H5580
Legal Entity Name: SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION
Organization Marketing Name: Mercy Care Advantage
Parent Organization: Southwest Catholic Health Network

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 16,910 Legal Entity Address: 4350 E Cotton Center Boulevard Bldg D City: Phoenix State: AZ Zip: 85040	Contact Title: Director, Customer and Enrollment Services Name: Cathy Waldbillig Phone: 1-602-263-3000 Extension: Fax: Email: azcustsvce@schalleranderson.com Address: 4350 E Cotton Center Boulevard Bldg D City: Phoenix State: AZ Zip: 85040 Last Updated: 04/18/2012
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Contract Number: H5587
Legal Entity Name: HEALTH CHOICE ARIZONA, INC.
Organization Marketing Name: Health Choice Generations HMO SNP
Parent Organization: IASIS Healthcare

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 4,098 Legal Entity Address: 410 N 44th Street Suite 510 City: Phoenix State: AZ Zip: 85008	Contact Title: Plan Directory Contact for Public Website Name: Customer Service Phone: 1-800-656-8991 Extension: Fax: 1-480-784-2933 Email: jmeade@iasishealthcare.com Address: 410 N 44th Street, Suite 510 City: Phoenix State: AZ Zip: 85008 Last Updated: 04/23/2009
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Contract Number: H5590
Legal Entity Name: BRIDGEWAY HEALTH SOLUTIONS
Organization Marketing Name: Advantage by Bridgeway Health Solutions HMO SNP
Parent Organization: Centene Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 1,424 Legal Entity Address: 1501 West Fountainhead Parkway, #295 City: Tempe State: AZ Zip: 85282	Contact Title: Compliance Officer Name: Cheyenne L Ross Phone: 1-866-475-3129 Extension: 26818 Fax: Email: chross@centene.com Address: 1501 W Fountainhead Parkway Suite # 295 City: Tempe State: AZ Zip: 85282 Last Updated: 01/30/2012
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Contract Number: H5591
Legal Entity Name: MARTIN'S POINT GENERATIONS, LLC
Organization Marketing Name: Martin's Point Generations Advantage
Parent Organization: Martin's Point Health Care, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 15,409 Legal Entity Address: P.O. Box 9746 331 Veranda Street City: Portland State: ME Zip: 04104	Contact Title: Vice President Medicare Name: Larry Henry Phone: 1-888-732-7364 Extension: Fax: Email: larry.henry@martinspoint.org Address: P. O. Box 9746 891 Washington Avenue City: Portland State: ME Zip: 04104 Last Updated: 01/04/2012
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Contract Number: H5594
Legal Entity Name: OPTIMUM HEALTHCARE, INC.
Organization Marketing Name: Optimum HealthCare, Inc.
Parent Organization: America's 1st Choice Holdings of Florida, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 26,288 Legal Entity Address: 5403 N. Church Ave City: Tampa State: FL Zip: 33614	Contact Title: Sr. VP Operations Name: Chris O'Connor Phone: 1-800-401-2740 Extension: Fax: Email: ops@americas1stchoice.com Address: 5403, Church Ave N, City: Tampa State: FL Zip: 33614 Last Updated: 02/09/2011
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Contract Number: H5608
Legal Entity Name: DENVER HEALTH MEDICAL PLAN, INC.
Organization Marketing Name: Denver Health Medical Plan
Parent Organization: Denver Health Hospital Authority

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 3,506 Legal Entity Address: 777 Bannock Street Mail Code 6000 City: Denver State: CO Zip: 80204	Contact Title: Call Center Manager Name: Theresa Sager-Foster Phone: 1-303-602-2112 Extension: Fax: 1-303-602-2138 Email: Theresa.Sager-Foster@dhha.org Address: 777 Bannock Street Mail Code 6000 City: Denver State: CO Zip: 80204 Last Updated: 12/06/2010
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Contract Number: H5609
Legal Entity Name: GEMCARE HEALTH PLAN INC.
Organization Marketing Name: GEMCARE Health Plan
Parent Organization: GEMCare Mercy Memorial Health Systems, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 8,073 Legal Entity Address: 4550 California Avenue Suite 100 City: Bakersfield State: CA Zip: 933091669	Contact Title: Marketing Manager Name: Ana Igoa Phone: 1-877-697-2464 Extension: Fax: Email: Info@gemcarehealthplan.com Address: 4550 California Avenue Suite 100 City: Bakersfield State: CA Zip: 93309 Last Updated: 10/10/2008
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Contract Number: H5610
Legal Entity Name: CARE RESOURCES, INC.
Organization Marketing Name: Care Resources
Parent Organization: Care Resources

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 09/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 197 Legal Entity Address: 1471 Grace Street SE City: Grand Rapids State: MI Zip: 49506	Contact Title: Claims Manager Name: Becky Haggerty Phone: 1-616-956-9440 Extension: 2178 Fax: 1-616-285-2588 Email: beckyh@hhs-inc.com Address: 2100 Raybrook Ave SE Suite 203 City: Grand Rapids State: MI Zip: 49546 Last Updated: 04/03/2009
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Contract Number: H5619
Legal Entity Name: ARCADIAN HEALTH PLAN, INC.
Organization Marketing Name: Arcadian Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 6,382 Legal Entity Address: 500 12th Street, Suite 350 City: Oakland State: CA Zip: 94607	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/05/2012
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Contract Number: H5628
Legal Entity Name: MOLINA HEALTHCARE OF UTAH, INC.
Organization Marketing Name: Molina Healthcare of Utah
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 8,261 Legal Entity Address: 7050 Union Park Center Suite 200 City: Midvale State: UT Zip: 84047	Contact Title: Name: Member Services Phone: 1-800-665-0898 Extension: Fax: Email: CentralizedOps.Medicare@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 01/12/2012
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Contract Number: H5629
Legal Entity Name: COMMUNITY ELDERCARE OF SAN DIEGO
Organization Marketing Name: St. Paul's PACE
Parent Organization: Community Eldercare of San Diego

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 143 Legal Entity Address: 111 Elm Street City: San Diego State: CA Zip: 92101	Contact Title: Executive Director Name: Carol Hubbard Phone: 1-619-677-3800 Extension: Fax: 1-619-677-3888 Email: director@stpaulspace.org Address: 111 Elm Street City: San Diego State: CA Zip: 92101 Last Updated: 05/18/2010
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Contract Number: H5640
Legal Entity Name: IEHP HEALTH ACCESS
Organization Marketing Name: IEHP Medicare DualChoice
Parent Organization: INLAND EMPIRE HEALTH PLAN

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 8,001 Legal Entity Address: 303 E. Vanderbilt Way City: San Bernardino State: CA Zip: 92408	Contact Title: Member Services Name: Member Services Phone: 1-877-273-4347 Extension: Fax: 1-909-890-5877 Email: member_services@IEHP.org Address: 303 E. Vanderbilt Way City: San Bernardino State: CA Zip: 92408 Last Updated: 05/04/2011
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Contract Number: H5649
Legal Entity Name: CENTRAL HEALTH PLAN OF CALIFORNIA, INC.
Organization Marketing Name: Central Health Medicare Plan
Parent Organization: Central Health Plan of California

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 12,578 Legal Entity Address: 1540 Bridgegate Drive City: Diamond Bar State: CA Zip: 91765	Contact Title: Name: Marketing Department Phone: 1-626-388-2390 Extension: 3106 Fax: 1-626-388-2379 Email: marketing@centralhealthplan.com Address: 1540 Bridgegate Drive City: Diamond Bar State: CA Zip: 91765 Last Updated: 01/07/2011
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Contract Number: H5652
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Erickson Advantage
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 4,339 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5656
Legal Entity Name: SELECTCARE HEALTH PLANS, INC.
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 4,443 Legal Entity Address: 4888 Loop Central Drive Suite 300 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 11/19/2009
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Contract Number: H5679
Legal Entity Name: HMO COLORADO, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,702	Contact Title: Name: Customer Service Phone: 1-866-408-7086 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	

Contract Number: H5685
Legal Entity Name: MIDWEST HEALTH PLAN, INC.
Organization Marketing Name: Midwest Advantage
Parent Organization: Henry Ford Health System

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 558	Contact Title: SR. DIRECTOR OF CORPORATE QUALITY Name: KATHLEEN M HARKNESS Phone: 1-313-586-6063 Extension: Fax: 1-313-827-5694 Email: KHARKNESS@MIDWESTHEALTHPLAN.COM Address: 4700 SCHAEFER ROAD Ste. 340 City: DEARBORN State: MI Zip: 48126 Last Updated: 12/31/2010
Legal Entity Address: 4700 Schaefer Road Suite 340 City: Dearborn State: MI Zip: 48126	

Contract Number: H5696
Legal Entity Name: PHYSICIANS UNITED PLAN, INC.
Organization Marketing Name: Physicians United Plan
Parent Organization: IDJB Investments, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 23,382	Contact Title: Name: Member Services Phone: 1-866-571-0693 Extension: Fax: Email: memberservices@pupcorp.com Address: 9102 Southpark Center Loop Suite 200 City: Orlando State: FL Zip: 32819 Last Updated: 11/10/2009
Legal Entity Address: 9102 Southpark Center Loop Ste. 200 City: Orlando State: FL Zip: 32819	

Contract Number: H5698
Legal Entity Name: WINDSOR HEALTH PLAN, INC.
Organization Marketing Name: Windsor Medicare Extra
Parent Organization: Munich American Holding Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 50,665	Contact Title: Chief Compliance Officer Name: Wendy Richey Phone: 1-615-782-7861 Extension: Fax: Email: wendy.richey@whptn.com Address: 7100 Commerce Way, Ste 285 City: Brentwood State: TN Zip: 37027 Last Updated: 07/16/2012
Legal Entity Address: 7100 Commerce Way, Ste 285 City: Brentwood State: TN Zip: 37027	

Contract Number: H5703
Legal Entity Name: SOUTH COUNTRY HEALTH ALLIANCE
Organization Marketing Name: South Country Health Alliance
Parent Organization: South Country Health Alliance

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 643 Legal Entity Address: 110 West Fremont Street City: Owatonna State: MN Zip: 55060	Contact Title: MMSI Name: Provider Services Phone: 1-888-889-7822 Extension: Fax: Email: not.available@mnscha.org Address: PO Box 4014 City: Rochester State: MN Zip: 59903 Last Updated: 07/30/2009
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Contract Number: H5732
Legal Entity Name: TRIPLE-S SALUD, INC.
Organization Marketing Name: Triple-S Salud, INC.
Parent Organization: Triple-S Management Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 16,343 Legal Entity Address: P. O. Box 363628 City: San Juan State: PR Zip: 009363628	Contact Title: Enrollment Manager Name: Irma Aviles Phone: 1-787-273-1110 Extension: 2550 Fax: Email: iaviles@ssspr.com Address: 1441 Franklin D. Roosevelt Ave. City: San Juan State: PR Zip: 00920 Last Updated: 05/21/2012
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Contract Number: H5746
Legal Entity Name: AMERIGROUP COMMUNITY CARE OF NEW MEXICO, INC.
Organization Marketing Name: Amerigroup Community Care of New Mexico
Parent Organization: AMERIGROUP Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 2,951 Legal Entity Address: 6565 Americas Parkway NE Suite 110 City: Albuquerque State: NM Zip: 87110	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 06/15/2009
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Contract Number: H5749
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 7,226 Legal Entity Address: 9900 Bren Road East Mail Route MN-008-W140 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5750
Legal Entity Name: METROPOLITAN HEALTH PLAN
Organization Marketing Name: Cornerstone Solutions
Parent Organization: Metropolitan Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 324 Legal Entity Address: 400 South Fourth Street Suite 201 City: Minneapolis State: MN Zip: 55415	Contact Title: Enrollment Services Manager Name: Fausto Iglesias Phone: 1-877-620-9090 Extension: Fax: Email: fausto.iglesias@co.hennepin.mn.us Address: 400 South 4th Street Suite 201 City: Minneapolis State: MN Zip: 55415 Last Updated: 04/18/2012
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Contract Number: H5774
Legal Entity Name: AMERICAN HEALTH, INC.
Organization Marketing Name: American Health Medicare
Parent Organization: Triple-S Management Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 51,705 Legal Entity Address: Microsoft Building Metro Office Park Suite 3000 Lot 18 City: Guaynabo State: PR Zip: 00922	Contact Title: Senior Executive Vice President Name: Carlos Carrero Phone: 1-787-620-1919 Extension: 4145 Fax: 1-787-620-0929 Email: ccarrero@ahmpr.com Address: P.O. Box 11320 City: San Juan State: PR Zip: 00922 Last Updated: 03/28/2012
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Contract Number: H5782
Legal Entity Name: PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Organization Marketing Name: Partnership HealthPlan of California
Parent Organization: PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 7,618 Legal Entity Address: 360 Campus Lane Suite 100 City: Fairfield State: CA Zip: 94534	Contact Title: Data Entry and Enrollment Unit Coordinator Name: Lisa Harrison Phone: 1-866-264-3626 Extension: Fax: 1-707-863-4415 Email: LHarrison@partnershiphp.org Address: 360 Campus Lane, Suite 100 City: Fairfield State: CA Zip: 94534 Last Updated: 12/20/2010
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Contract Number: H5783
Legal Entity Name: ARCADIAN HEALTH PLAN, INC.
Organization Marketing Name: Arcadian Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 6,900 Legal Entity Address: 500 12th Street, Suite 350 City: Oakland State: CA Zip: 94607	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/05/2012
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Contract Number: H5793
Legal Entity Name: AETNA HEALTH, INC. (CT)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 4,727 Legal Entity Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 12/11/2007
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Contract Number: H5810
Legal Entity Name: MOLINA HEALTHCARE OF CALIFORNIA
Organization Marketing Name: Molina Healthcare of California
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 7,114 Legal Entity Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802	Contact Title: Name: Member Services Phone: 1-800-665-0898 Extension: Fax: Email: CentralizedOps.Medicare@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 07/21/2009
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Contract Number: H5811
Legal Entity Name: SCAN HEALTH PLAN
Organization Marketing Name: SCAN Health Plan
Parent Organization: SCAN Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 2,966 Legal Entity Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806	Contact Title: Manager, Member Services Operations Name: Kim McBeath Phone: 1-800-559-3500 Extension: Fax: 1-562-989-5181 Email: MemberServices@scanhealthplan.com Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806 Last Updated: 09/30/2011
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Contract Number: H5813
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 1,934 Legal Entity Address: 980 Jolly Road City: Blue Bell State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/25/2006
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Contract Number: H5817 Legal Entity Name: AMERIGROUP TEXAS, INC. Organization Marketing Name: Amerigroup Community Care Parent Organization: AMERIGROUP Corporation	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 15,310 Legal Entity Address: 3800 Buffalo Speedway Suite 400 City: Houston State: TX Zip: 77098	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street City: Tampa State: FL Zip: 33607 Last Updated: 06/11/2009
Contract Number: H5820 Legal Entity Name: UNIVERSAL HEALTH CARE INSURANCE COMPANY Organization Marketing Name: UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC. Parent Organization: Universal Health Care Group, Inc.	
Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 45,740 Legal Entity Address: 100 CENTRAL AVENUE SUITE 200 City: SAINT PETERSBURG State: FL Zip: 33701	Contact Title: Compliance Officer Name: Nirali Patel Phone: 1-866-690-4842 Extension: Fax: 1-727-822-3446 Email: compliance@univhc.com Address: UNIVERSAL HEALTH CARE, INC. 100 CENTRAL AVENUE, SUITE 200 City: SAINT PETERSBURG State: FL Zip: 33701 Last Updated: 07/12/2011
Contract Number: H5821 Legal Entity Name: MAPFRE LIFE INSURANCE COMPANY Organization Marketing Name: MAPFRE LIFE INSURANCE COMPANY Parent Organization: MAPFRE PRAICO CORPORATION	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 10,597 Legal Entity Address: Urb. Tres Monjitas Industrial 297 Carlos Chardsn Ave. City: San Juan State: PR Zip: 009181410	Contact Title: Name: Edgardo Silva Phone: 1-787-250-6500 Extension: 2005 Fax: 1-787-296-5616 Email: esilva@mapfrepr.com Address: PO Box 70297 City: San Juan State: PR Zip: 00936-8297 Last Updated: 04/16/2012
Contract Number: H5822 Legal Entity Name: MIDLAND CARE CONNECTION Organization Marketing Name: Midland Care PACE Parent Organization: Midland Care Connection, Inc.	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Kansas City Enrollment: 90 Legal Entity Address: 200 SW Frazier Circle City: Topeka State: KS Zip: 66606	Contact Title: VP Operations Name: Harmony Hines Phone: 1-785-232-2044 Extension: Fax: Email: hhines@midlandcc.org Address: 200 SW Frazier Circle City: Topeka State: KS Zip: 66606 Last Updated: 07/20/2010

Contract Number: H5823
Legal Entity Name: MOLINA HEALTHCARE OF WASHINGTON, INC.
Organization Marketing Name: Molina Healthcare of Washington, Inc.
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 5,909 Legal Entity Address: 21540 30th Dr. SE Suite 400 City: Bothell State: WA Zip: 98021	Contact Title: Name: Member Services Phone: 1-866-472-4584 Extension: Fax: Email: CentralizedOps.Medicare@MolinaHealthCare.com Address: 8101 N High Street Suite 130 City: Columbus State: OH Zip: 43235 Last Updated: 06/13/2011
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Contract Number: H5826
Legal Entity Name: COMMUNITY HEALTH PLAN OF WASHINGTON
Organization Marketing Name: Community HealthFirst Medicare Advantage Plan
Parent Organization: Community Health Plan of Washington

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 19,034 Legal Entity Address: 720 Olive Way Suite 300 City: Seattle State: WA Zip: 981011830	Contact Title: Customer Service Department Name: Customer Care Phone: 1-800-942-0247 Extension: Fax: 1-206-521-8834 Email: CustomerCare@chpw.org Address: 720 Olive Way Suite 300 City: Seattle State: WA Zip: 98101-1830 Last Updated: 05/21/2010
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Contract Number: H5832
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 230 Legal Entity Address: 980 Jolly Road City: BLUE BELL State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/25/2006
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Contract Number: H5850
Legal Entity Name: COVENTRY SUMMIT HEALTH PLAN, INC.
Organization Marketing Name: Coventry Summit Health Plan
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 30,889 Legal Entity Address: 1340 Concord Terrace City: Sunrise State: FL Zip: 33323	Contact Title: VP, Govt Programs Name: Luisa Charbonneau Phone: 1-800-847-3995 Extension: Fax: Email: lycharbonnea@cvty.com Address: 1340 Concord Terrace City: Sunrise State: FL Zip: 33323 Last Updated: 08/11/2011
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Contract Number: H5852
Legal Entity Name: AIDS HEALTHCARE FOUNDATION
Organization Marketing Name: Positive Healthcare Partners
Parent Organization: AIDS Healthcare Foundation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 825 Legal Entity Address: 6255 W. Sunset Blvd., 21st Floor City: Los Angeles State: CA Zip: 90028	Contact Title: Health Plan Administrator Name: Michael O'Malley Phone: 1-323-337-9172 Extension: Fax: 1-323-337-9141 Email: michael.omalley@aidshhealth.org Address: 1001 N. Martel Ave. City: Los Angeles State: CA Zip: 90046 Last Updated: 04/24/2012
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Contract Number: H5854
Legal Entity Name: ANTHEM HEALTH PLANS, INC
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,709 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 91362	Contact Title: Name: Customer Service Phone: 1-866-673-4157 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
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Contract Number: H5859
Legal Entity Name: HEALTH PLAN OF CAREOREGON, INC.
Organization Marketing Name: CareOregon Advantage
Parent Organization: CareOregon, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 8,306 Legal Entity Address: 315 SW Fifth Ave. Suite 900 City: Portland State: OR Zip: 97204	Contact Title: Member Services Supervisor Name: David Lima Phone: 1-800-224-4840 Extension: Fax: 1-503-416-3720 Email: limad@careoregon.org Address: CareOregon Advantage 315 SW Fifth Avenue, Suite 900 City: Portland State: OR Zip: 97204 Last Updated: 05/01/2007
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Contract Number: H5868
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 18,259 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H5883
Legal Entity Name: BLUE CARE NETWORK OF MICHIGAN
Organization Marketing Name: Blue Care Network
Parent Organization: Blue Cross Blue Shield of Michigan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 47,110 Legal Entity Address: 20500 Civic Center Drive City: Southfield State: MI Zip: 48076	Contact Title: Manager, Provider Affairs Name: Ashley Mabbitt Phone: 1-800-344-8525 Extension: Fax: Email: amabbitt@bcbsm.com Address: 20500 Civic Center Dr. City: Southfield State: MI Zip: 48076 Last Updated: 04/21/2009
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Contract Number: H5887
Legal Entity Name: FIRST MEDICAL HEALTH PLAN, INC.
Organization Marketing Name: First Medical Health Plan, Inc.
Parent Organization: First Medical Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 4,220 Legal Entity Address: P.O. Box 191580 City: San Juan State: PR Zip: 009191580	Contact Title: Compliance Director Name: Alejandra Echevarria Phone: 1-787-625-9557 Extension: Fax: Email: a.echevarria@firstpluspr.com Address: P.O. Box 195200 City: San Juan State: PR Zip: 00919 Last Updated: 05/18/2012
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Contract Number: H5896
Legal Entity Name: AMERIGROUP MARYLAND, INC.
Organization Marketing Name: Amerigroup Community Care
Parent Organization: AMERIGROUP Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 1,649 Legal Entity Address: 7550 Teague Road Suite 500 City: Hanover State: MD Zip: 21076	Contact Title: Name: Dedicated Service Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: 4200 West Cypress Street Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 06/11/2009
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Contract Number: H5902
Legal Entity Name: SENIOR LIFE ALTOONA, INC.
Organization Marketing Name: Senior LIFE Ebensburg
Parent Organization: Grane Healthcare

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2011 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 64 Legal Entity Address: 401 Broad Street City: Johnstown State: PA Zip: 15905	Contact Title: Chief Executive Officer Name: Mark Irwin Phone: 1-814-535-6000 Extension: 101 Fax: 1-814-248-7902 Email: Mirwin@grane.com Address: 401 Broad Street City: Johnstown State: PA Zip: 15906 Last Updated: 01/31/2011
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Contract Number: H5926
Legal Entity Name: MOLINA HEALTHCARE OF MICHIGAN
Organization Marketing Name: Molina Healthcare of Michigan
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 9,057 Legal Entity Address: 100 W. Big Beaver Suite 600 City: Troy State: MI Zip: 48084	Contact Title: Name: Member Services Phone: 1-800-665-3072 Extension: Fax: Email: CentralizedOps.Medicare@MolinaHealthCare.com Address: 100 W Big Beaver Rd, Suite 500 City: Troy State: MI Zip: 48084 Last Updated: 02/23/2011
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Contract Number: H5928
Legal Entity Name: CARE1ST HEALTH PLAN
Organization Marketing Name: Care1st Medicare Advantage Plan
Parent Organization: Care1st Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 23,954 Legal Entity Address: 601 Potrero Grande City: Monterey Park State: CA Zip: 917557407	Contact Title: Director of Medicare Operations Name: Lily Pamanian Phone: 1-323-889-6638 Extension: 6581 Fax: Email: lpamanian@care1st.com Address: 601 Potrero Grande Drive City: Monterey Park State: CA Zip: 91755 Last Updated: 07/25/2012
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Contract Number: H5932
Legal Entity Name: GATEWAY HEALTH PLAN, INC.
Organization Marketing Name: Gateway Health Plan Medicare Assured
Parent Organization: Gateway Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 29,808 Legal Entity Address: 600 Grant Street - 41st Floor City: Pittsburgh State: PA Zip: 15219	Contact Title: Name: Gateway Health Plan Phone: 1-800-685-5209 Extension: Fax: Email: medicareassured@gatewayhealthplan.com Address: 600 Grant Street, 41st Floor City: Pittsburgh State: PA Zip: 15219 Last Updated: 12/11/2007
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Contract Number: H5934
Legal Entity Name: HOPE HOSPICE AND COMMUNITY SERVICES, INC.
Organization Marketing Name: Hope PACE
Parent Organization: Hope Hospice and Community Services, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 189 Legal Entity Address: 9470 HealthPark Circle City: Fort Myers State: FL Zip: 33908	Contact Title: Business Analyst Name: Ron Burris Phone: 1-239-985-6400 Extension: 76404 Fax: 1-239-985-6411 Email: ron.burris@hopehospice.org Address: 2668 Winkler Ave. City: Ft. Myers State: FL Zip: 33901 Last Updated: 02/01/2008
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Contract Number: H5938 Legal Entity Name: CAPITAL HEALTH PLAN Organization Marketing Name: Capital Health Plan Parent Organization: Blue Cross and Blue Shield of Florida	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 13,462 Legal Entity Address: 2140 CENTERVILLE PLACE City: TALLAHASSEE State: FL Zip: 32308	Contact Title: Network Services Supervisor Name: Beth Maige Phone: 1-850-523-7307 Extension: Fax: 1-850-383-3413 Email: emmaige@chp.org Address: P.O. Box 15349 City: Tallahassee State: FL Zip: 32317 Last Updated: 04/13/2009
Contract Number: H5943 Legal Entity Name: SCAN HEALTH PLAN Organization Marketing Name: VillageHealth Parent Organization: SCAN Health Plan	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 695 Legal Entity Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806	Contact Title: Manager, Member Services Operations Name: Kim McBeath Phone: 1-877-586-1648 Extension: Fax: 1-562-989-5181 Email: MemberServices@scanhealthplan.com Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806 Last Updated: 09/30/2011
Contract Number: H5950 Legal Entity Name: AETNA HEALTH, INC. (PA) Organization Marketing Name: Aetna Medicare Parent Organization: Aetna Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: * Legal Entity Address: 980 Jolly Road City: BLUE BELL State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/25/2006
Contract Number: H5969 Legal Entity Name: ALOHACARE Organization Marketing Name: AlohaCare Parent Organization: AlohaCare	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 1,867 Legal Entity Address: 1357 Kapiolani Blvd., Suite 1250 City: Honolulu State: HI Zip: 96814	Contact Title: Public Relations Manager Name: Susie Corse Phone: 1-808-973-0850 Extension: Fax: 1-808-973-0726 Email: scorse@alohacare.org Address: 1357 Kapiolani Blvd., Suite 1250 City: Honolulu State: HI Zip: 96814 Last Updated: 05/08/2012

Contract Number: H5970
Legal Entity Name: HUMANA INSURANCE COMPANY OF NEW YORK
Organization Marketing Name: Humana Insurance Company of New York
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 5,482 Legal Entity Address: 125 Wolf Road City: Albany State: NY Zip: 122051253	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H5978
Legal Entity Name: PHI LIFE
Organization Marketing Name: PHI LIFE dba everyday LIFE
Parent Organization: PHI LIFE

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 64 Legal Entity Address: One Trinity Drive East Suite 201 City: Dillsburg State: PA Zip: 17019	Contact Title: VP Home and Community Based Services Name: Earl Evens Phone: 1-484-895-4310 Extension: Fax: Email: eevens@presbyterianseniorliving.org Address: One Trinity Drive East Suite 201 City: Dillsburg State: PA Zip: 17019 Last Updated: 03/07/2012
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Contract Number: H5985
Legal Entity Name: ABRAZO ADVANTAGE HEALTH PLAN
Organization Marketing Name: Abrazo Advantage Health Plan
Parent Organization: Vanguard Health Systems

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 3,531 Legal Entity Address: 7878 N. 16th St. Suite 105 City: Phoenix State: AZ Zip: 85020	Contact Title: Member Services Department Name: Member Services Phone: 1-602-824-3900 Extension: Fax: Email: phpmemberservices@abrazohealth.com Address: 7878 N. 16th St. Suite 105 City: Phoenix State: AZ Zip: 85020 Last Updated: 12/14/2011
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Contract Number: H5989
Legal Entity Name: CENTERLIGHT HEALTHCARE, INC.
Organization Marketing Name: CenterLight Healthcare, Inc.
Parent Organization: CenterLight Healthcare System, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 489 Legal Entity Address: 1250 Waters Place Tower 1, Suite 602 City: Bronx State: NY Zip: 10461	Contact Title: VP for Provider Relations & Network Development Name: Cathy Neiman Phone: 1-347-640-6170 Extension: Fax: Email: cneiman@centerlight.org Address: 1250 Waters Place Tower 1, Suite 602 City: Bronx State: NY Zip: 10461 Last Updated: 02/21/2012
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Contract Number: H5991
Legal Entity Name: AFFINITY HEALTH PLAN, INC.
Organization Marketing Name: Affinity Health Plan
Parent Organization: Affinity Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 3,500 Legal Entity Address: 2500 Halsey Street City: Bronx State: NY Zip: 10461	Contact Title: Director of Customer Service Name: Evelyn Rodriguez Phone: 1-718-794-6228 Extension: Fax: Email: erodriguez@affinityplan.org Address: 2500 Halsey Street City: Bronx State: NY Zip: 10461 Last Updated: 02/09/2010
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Contract Number: H5992
Legal Entity Name: SENIOR WHOLE HEALTH OF NEW YORK, INC.
Organization Marketing Name: Senior Whole Health of New York
Parent Organization: SWH Holdings, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 849 Legal Entity Address: 58 Charles Street, 2nd Floor City: Cambridge State: MA Zip: 02141	Contact Title: Chief Information Officer Name: Marie Maloney Phone: 1-617-494-5353 Extension: 6313 Fax: 1-617-494-5599 Email: MMaloney@seniorwholehealth.com Address: 58 Charles Street, 2nd Floor City: Cambridge State: MA Zip: 02141 Last Updated: 01/28/2010
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Contract Number: H5995
Legal Entity Name: ATRIO HEALTH PLANS
Organization Marketing Name: ATRIO Health Plans
Parent Organization: ATRIO Health Plans

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 3,106 Legal Entity Address: 2270 NW Aviation Drive, Suite 3 City: Roseburg State: OR Zip: 97470	Contact Title: Customer Service Name: Customer Service Phone: 1-866-869-1514 Extension: Fax: 1-503-566-9801 Email: cs-mpchpa@phtech.com Address: PO Box 5490 City: Salem State: OR Zip: 97304 Last Updated: 12/29/2010
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Contract Number: H6050
Legal Entity Name: KAISER FOUNDATION HP, INC.
Organization Marketing Name: Kaiser Permanente Medicare Cost
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 638 Legal Entity Address: P.O.BOX 12916 City: OAKLAND State: CA Zip: 946042916	Contact Title: Name: Member Services Phone: 1-800-443-0815 Extension: Fax: Email: msc@kp.org Address: 393 E Walnut St Fl 7 City: Pasadena State: CA Zip: 91188 Last Updated: 04/17/2009
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Contract Number: H6052
Legal Entity Name: KAISER FOUNDATION HP, INC.
Organization Marketing Name: Kaiser Permanente Medicare Cost
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 2,488 Legal Entity Address: ONE KAISER PLAZA City: OAKLAND State: CA Zip: 94612	Contact Title: Name: Member Services Phone: 1-800-443-0815 Extension: Fax: Email: msc@kp.org Address: 393 E Walnut St Fl 7 City: Pasadena State: CA Zip: 91188 Last Updated: 04/17/2009
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Contract Number: H6053
Legal Entity Name: SANTE FE EMPLOYEES HOSPITAL ASSN.
Organization Marketing Name: Santa Fe Employes Hospital Assn. - Coast Lines
Parent Organization: Sante Fe Employees Hospital Assn.

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 612 Legal Entity Address: 551 E. SAN BERNARDINO ROAD City: COVINA State: CA Zip: 91723	Contact Title: CEO Name: Cecil D Davis Phone: 1-626-967-3550 Extension: Fax: 1-626-967-3161 Email: budd@sfeha.com Address: 551 E. San Bernardino Road, City: Covina State: CA Zip: 91723 Last Updated: 08/26/2010
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Contract Number: H6059
Legal Entity Name: PACE OF GUILFORD AND ROCKINGHAM COUNTIES, INC.
Organization Marketing Name: PACE OF THE TRIAD
Parent Organization: PACE of Guilford and Rockingham Counties, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 06/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 55 Legal Entity Address: 1471 E. Cone Blvd City: Greensboro State: NC Zip: 27405	Contact Title: Program Director Name: Ursula B Robinson Phone: 1-336-550-4056 Extension: Fax: 1-336-550-4044 Email: Ursula.Robinson@pacetriad.org Address: 1471 East Cone Blvd City: Greensboro State: NC Zip: 27405 Last Updated: 10/25/2010
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Contract Number: H6140
Legal Entity Name: WABASH MEM. HOSPITAL
Organization Marketing Name: Wabash Mem. Hospital
Parent Organization: Wabash Memorial Hospital Association

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 1,740 Legal Entity Address: 1501 NORTH WATER ST. City: DECATUR State: IL Zip: 62526	Contact Title: Admin. Name: Tamara Bivins Phone: 1-217-429-5246 Extension: Fax: 1-217-542-0134 Email: tamara@wabashcannonball.org Address: 1340 N. Water St PO Box 1340 City: Decatur State: IL Zip: 62526 Last Updated: 06/02/2008
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Contract Number: H6141
Legal Entity Name: SIDNEY HILLMAN HC
Organization Marketing Name: Sidney Hillman HC
Parent Organization: Sidney Hillman Health Center (SHHC)

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 02/01/1983 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 882 Legal Entity Address: 333 SOUTH ASHLAND AVENUE City: CHICAGO State: IL Zip: 606072750	Contact Title: Operations Director Name: Adriana Medina Phone: 1-312-738-6170 Extension: 6196 Fax: 1-312-942-1554 Email: amedina@cmrjb.org Address: 333 S. Ashland City: Chicago State: IL Zip: 60607 Last Updated: 08/30/2010
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Contract Number: H6142
Legal Entity Name: UNION HEALTH SERVICES, INC.
Organization Marketing Name: Union Health Service, Inc.
Parent Organization: Union Health Services, Inc.

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 02/01/1983 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 1,579 Legal Entity Address: 1634 WEST POLK STREET City: CHICAGO State: IL Zip: 60612	Contact Title: No contact data submitted Name: Phone: Extension: Fax: Email: Address: City: State: Zip: Last Updated:
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Contract Number: H6143
Legal Entity Name: UNION MEDICAL CENTER
Organization Marketing Name: Union Medical Center
Parent Organization: Union Medical Center

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 02/01/1983 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 831 Legal Entity Address: 1657 WEST ADAMS STREET City: CHICAGO State: IL Zip: 60612	Contact Title: No contact data submitted Name: Phone: Extension: Fax: Email: Address: City: State: Zip: Last Updated:
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Contract Number: H6169
Legal Entity Name: THE PYRAMID LIFE INSURANCE COMPANY
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 19,177 Legal Entity Address: 4888 Loop Central Drive Suite 300 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 12/10/2009
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Contract Number: H6178
Legal Entity Name: CARESOURCE
Organization Marketing Name: CareSource
Parent Organization: CareSource Management Group Co.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 1,457 Legal Entity Address: 230 N. Main Street City: Dayton State: OH Zip: 45402	Contact Title: Director of Communications Name: Michelle Chapman Phone: 1-937-224-3300 Extension: 2910 Fax: 1-937-425-0864 Email: michelle.chapman@caresource.com Address: P. O. Box 8738 City: Dayton State: OH Zip: 45401 Last Updated: 12/07/2009
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Contract Number: H6181
Legal Entity Name: AMERIGROUP NEW YORK, LLC
Organization Marketing Name: HealthPlus Amerigroup
Parent Organization: AMERIGROUP Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 1,628 Legal Entity Address: 360 West 31st Street 5th Floor City: New York State: NY Zip: 10001	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 06/11/2009
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Contract Number: H6231
Legal Entity Name: FRANCISCAN PACE, INC.
Organization Marketing Name: PACE Baton Rouge
Parent Organization: Franciscan PACE, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 07/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 128 Legal Entity Address: 7436 Bishop Ott Drive City: Baton Rouge State: LA Zip: 70806	Contact Title: Executive Director Name: Karen Allen Phone: 1-225-490-0322 Extension: Fax: 1-225-490-0354 Email: karen.allen@fmolhs.org Address: 7436 Bishop Ott Drive City: Baton Rouge State: LA Zip: 70806 Last Updated: 03/13/2009
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Contract Number: H6310
Legal Entity Name: INOVA HEALTH SYSTEM
Organization Marketing Name: InovaCares for Seniors
Parent Organization: Inova Health Systems, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 04/01/2012 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: * Legal Entity Address: 4027B Olley Lane City: Fairfax State: VA Zip: 22032	Contact Title: Program Director Name: Robert Hager Phone: 1-703-914-2904 Extension: Fax: Email: Robert.Hager@inova.org Address: 3130 Fairview Park, Suite 300 City: Falls Church State: VA Zip: 22042 Last Updated: 07/13/2012
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Contract Number: H6328
Legal Entity Name: CARE N' CARE INSURANCE COMPANY, INC.
Organization Marketing Name: Care N' Care Health Plan
Parent Organization: North Texas Specialty Physicians

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 4,731 Legal Entity Address: 1701 River Run Suite 402 City: Fort Worth State: TX Zip: 76107	Contact Title: Director of Operations Name: Ben Presley Phone: 1-817-529-9232 Extension: Fax: 1-817-332-3614 Email: bpresley@cnchealthplan.com Address: 1701 River Run Suite 402 City: Fort Worth State: TX Zip: 76107 Last Updated: 03/28/2012
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Contract Number: H6334
Legal Entity Name: NY HOTEL TRADES COUNCIL and HOTEL ASSN OF NYC
Organization Marketing Name: NY Hotel Trades Council and Hotel Assn. of NYC
Parent Organization: NY Hotel Trades Council&Hotel Assn of NYC

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 4,001 Legal Entity Address: 305 WEST 44TH STREET City: NEW YORK State: NY Zip: 10036	Contact Title: Compliance Officer, Government Programs Name: Jordan Beasley Phone: 1-212-586-6400 Extension: Fax: Email: jbeasley@hotelfunds.org Address: 305 West 44th Street City: New York State: NY Zip: 11101 Last Updated: 12/27/2007
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Contract Number: H6360
Legal Entity Name: KAISER FOUNDATION HP OF OHIO
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 18,079 Legal Entity Address: North Point Tower, Suite 1200 1001 Lakeside Avenue City: CLEVELAND State: OH Zip: 441141153	Contact Title: Department Name: Customer Relations Phone: 1-800-493-6004 Extension: Fax: 1-216-635-4453 Email: phyllis.a.tennant@kp.org Address: 5500 Lancaster Drive City: Brooklyn Heights State: OH Zip: 44131 Last Updated: 12/22/2010
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Contract Number: H6371
Legal Entity Name: LUTHERAN SENIOR HEALTHCARE, INC.
Organization Marketing Name: Lutheran Senior LIFE
Parent Organization: Lutheran Social Ministries of New Jersey

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 07/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 119 Legal Entity Address: 3 Manhattan Drive City: Burlington State: NJ Zip: 08016	Contact Title: Executive Director Name: Beth Eichfeld Phone: 1-201-706-2091 Extension: Fax: 1-201-706-2092 Email: beichfeld@lsmnj.org Address: 377 Jersey Avenue Suite 310 City: Jersey City State: NJ Zip: 07302 Last Updated: 04/14/2011
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Contract Number: H6411
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 8,155 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H6528
Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
Organization Marketing Name: Care Improvement Plus
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 13,677 Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 212012473	Contact Title: Name: Provider Relations Phone: 1-866-679-3119 Extension: Fax: Email: providerrelations@careimprovementplus.com Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201 Last Updated: 01/26/2011
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Contract Number: H6551
Legal Entity Name: LIFE ST. MARY, INC.
Organization Marketing Name: LIFE St. Mary
Parent Organization: St. Mary Medical Center

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 139 Legal Entity Address: 2500 Interplex Drive City: Trevoise State: PA Zip: 19053	Contact Title: Executive Director Name: Emily Amerman Phone: 1-267-991-7620 Extension: Fax: 1-267-991-7618 Email: eamerman@stmaryhealthcare.org Address: 2500 Interplex Drive City: Trevoise State: PA Zip: 19053 Last Updated: 05/10/2010
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Contract Number: H6609
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 406,543 Legal Entity Address: 1100 EMPLOYERS BLVD City: DePERE State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H6622
Legal Entity Name: HUMANA WISCONSINHEALTH ORGANIZATION INSURANCE CORP
Organization Marketing Name: Humana WisconsinHealth Organization Insurance Corp
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 8,138 Legal Entity Address: Two Riverwood Place N19W24133 Riverwood Drive, Suite 300 City: Waukesha State: WI Zip: 531881145	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H6642
Legal Entity Name: UNIVERSAL HMO OF TEXAS, INC.
Organization Marketing Name: Universal HMO of Texas, Inc.
Parent Organization: Universal Health Care Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 4,275 Legal Entity Address: 100 Central Avenue, Suite 200 City: St. Petersburg State: FL Zip: 33701	Contact Title: Compliance Officer Name: Nirali Patel Phone: 1-866-690-4842 Extension: Fax: 1-727-822-3446 Email: compliance@univhc.com Address: UNIVERSAL HEALTH CARE, INC. 100 CENTRAL AVENUE, SUITE 200 City: SAINT PETERSBURG State: FL Zip: 33701 Last Updated: 07/12/2011
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Contract Number: H6705
Legal Entity Name: UNIVERSAL HEALTH CARE OF NEVADA, INC.
Organization Marketing Name: Universal Health Care of Nevada, Inc.
Parent Organization: Universal Health Care Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 333 Legal Entity Address: 100 Central Avenue Suite 200 City: St. Petersburg State: FL Zip: 33701	Contact Title: Compliance Officer Name: Nirali Patel Phone: 1-866-690-4842 Extension: Fax: 1-727-822-3446 Email: compliance@univhc.com Address: UNIVERSAL HEALTH CARE, INC. 100 CENTRAL AVENUE, SUITE 200 City: SAINT PETERSBURG State: FL Zip: 33701 Last Updated: 07/12/2011
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Contract Number: H6743
Legal Entity Name: ATRIO HEALTH PLANS
Organization Marketing Name: ATRIO Health Plans
Parent Organization: ATRIO Health Plans

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 4,401 Legal Entity Address: 2270 NW Aviation Way City: Roseburg State: OR Zip: 97470	Contact Title: Compliance Officer Name: Rose Novak Phone: 1-541-672-8620 Extension: Fax: 1-541-672-8670 Email: rose.novak@atriohp.com Address: 2270 NW Aviation Dr, Suite 3 City: Roseburg State: OR Zip: 97470 Last Updated: 08/30/2011
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Contract Number: H6801
Legal Entity Name: AHS - TULSA OKLAHOMA HEALTH PLAN, INC
Organization Marketing Name: Lovelace Medicare Plan
Parent Organization: Ardent Health Services.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 391 Legal Entity Address: 110 W. 7th Street Suite 2510 City: Tulsa State: OK Zip: 74119	Contact Title: Lovelace Medicare Plan Name: Customer Care Phone: 1-505-727-5300 Extension: Fax: 1-505-727-5557 Email: Deb.Pertain@Lovelace.com Address: 4101 Indian School Rd NE City: Albuquerque State: NM Zip: 87110 Last Updated: 06/28/2012
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Contract Number: H6815
Legal Entity Name: HEALTH NET HEALTH PLAN OF OREGON
Organization Marketing Name: Health Net Health Plan of Oregon, Inc.
Parent Organization: Health Net, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 144 Legal Entity Address: 13221 SW 68th Parkway, Ste 200 City: Tigard State: OR Zip: 971367	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-888-445-8913 Extension: Fax: Email: notavailable@healthnet.com Address: 13221 SW 68th Parkway City: Tigard State: OR Zip: 97223-8328 Last Updated: 02/03/2010
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Contract Number: H6864
Legal Entity Name: GUILDNET, INC.
Organization Marketing Name: GuildNet
Parent Organization: Jewish Guild for the Blind

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 380 Legal Entity Address: 15 WEST 65TH STREET City: NEW YORK State: NY Zip: 10023	Contact Title: Assistant VP, Medicare Services Name: Sandra Birnbaum Phone: 1-866-557-7300 Extension: Fax: 1-212-769-1621 Email: birnbaums@jgb.org Address: 15 West 65th Street City: New York State: NY Zip: 10023 Last Updated: 04/03/2012
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Contract Number: H6881
Legal Entity Name: AMERICA'S 1ST CHOICE INSURANCE COMPANY OF NC, INC.
Organization Marketing Name: America's 1st Choice Insurance Company of NC
Parent Organization: America's 1st Choice Holdings of N.C., LLC

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 112 Legal Entity Address: 250 Berry Hill Road Suite #311 City: Columbia State: SC Zip: 29210	Contact Title: Associate VP NC/SC/GA Name: Jane Young Phone: 1-803-748-4533 Extension: 2223 Fax: Email: AFCOPS@americas1stchoice.com Address: 250 Berryhill Rd Suite 311 City: Columbia State: SC Zip: 29210 Last Updated: 02/07/2012
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Contract Number: H6887
Legal Entity Name: SJH LIFE, INC.
Organization Marketing Name: SJH LIFE
Parent Organization: South Jersey Health System, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 08/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 45 Legal Entity Address: 2445 Delsea Drive City: Vineland State: NJ Zip: 08360	Contact Title: Executive Director Name: Cindy Lytle Phone: 1-856-506-6555 Extension: Fax: 1-856-696-4216 Email: lytlec@sjhs.com Address: 2445 Delsea Drive City: Vineland State: NJ Zip: 08360 Last Updated: 02/24/2012
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Contract Number: H6900
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 8,233 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H6923
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 879 Legal Entity Address: 980 Jolly Road City: Blue Bell State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 01/24/2008
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Contract Number: H6952
Legal Entity Name: UNITEDHEALTHCARE COMMUNITY PLAN, INC
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 4,144 Legal Entity Address: 26957 Northwestern Highway, Suite 400 City: Southfield State: MI Zip: 48033	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 12/01/2009
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Contract Number: H7002
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 3,308 Legal Entity Address: 1100 Employers Blvd. City: Depere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H7006
Legal Entity Name: ATRIO HEALTH PLANS
Organization Marketing Name: ATRIO Health Plans
Parent Organization: ATRIO Health Plans

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 2,667 Legal Entity Address: 2270 NW Aviation Drive, Suite 3 City: Roseburg State: OR Zip: 97470	Contact Title: Customer Service Name: Customer Service Phone: 1-866-869-1514 Extension: Fax: 1-503-566-9801 Email: cs-mpchpa@phtech.com Address: PO Box 5490 City: Salem State: OR Zip: 97304 Last Updated: 12/29/2010
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Contract Number: H7015
Legal Entity Name: HEALTHFIRST HEALTH PLAN OF NEW JERSEY, INC.
Organization Marketing Name: Healthfirst NJ Medicare Plan
Parent Organization: HF Management Services, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 7,640 Legal Entity Address: 100 Church Street, 18th Floor City: New York State: NY Zip: 10007	Contact Title: Healthfirst NJ Medicare Plan Name: Customer Service Phone: 1-888-801-1660 Extension: Fax: Email: webmaster@healthfirst.org Address: 100 Church Street, 18th Floor City: New York State: NY Zip: 10007 Last Updated: 09/20/2011
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Contract Number: H7086
Legal Entity Name: COMMUNITY HEALTH GROUP
Organization Marketing Name: Community Health Group
Parent Organization: Community Health Group

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 1,185 Legal Entity Address: 740 BAY BOULEVARD City: CHULA VISTA State: CA Zip: 91910	Contact Title: Enrollment Liaison Name: Judith Fernandez Phone: 1-619-498-6418 Extension: Fax: 1-619-422-5930 Email: jferna@chgsd.com Address: 740 Bay Blvd. City: Chula Vista State: CA Zip: 91910-5254 Last Updated: 12/20/2010
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Contract Number: H7149
Legal Entity Name: COVENTRY HEALTH CARE OF NEBRASKA, INC.
Organization Marketing Name: Coventry Health Care
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 3,069 Legal Entity Address: 15950 West Dodge Road City: Omaha State: NE Zip: 681184030	Contact Title: Vice President, General Manager Name: Richard N Sloma Phone: 1-866-901-4692 Extension: Fax: Email: msloma@cvtly.com Address: 4320 114th St City: Urbandale State: IA Zip: 50322 Last Updated: 12/21/2011
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Contract Number: H7173
Legal Entity Name: PEACH STATE HEALTH PLAN, INC.
Organization Marketing Name: Advantage by Peach State
Parent Organization: Centene Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 41 Legal Entity Address: 3200 Highland Parkway Suite 300 City: Smyrna State: GA Zip: 30082	Contact Title: VP, Regulatory Affairs, Marketing & Comm, Cust Ser Name: Debra Peterson-Smith Phone: 1-678-556-2300 Extension: 62335 Fax: Email: desmith@centene.com Address: 3200 Highlands Parkway SE Suite 300 City: Smyrna State: GA Zip: 30082 Last Updated: 02/24/2010
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Contract Number: H7187
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 13,863 Legal Entity Address: 9900 Bren Rd East MN008-T440 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H7188
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 7,403 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H7195 Legal Entity Name: NORTHLAND PACE PROGRAM Organization Marketing Name: Northland PACE Program Parent Organization: Northland Healthcare Alliance	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 08/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 59 Legal Entity Address: 201 N 24th St City: Bismarck State: ND Zip: 58501	Contact Title: Name: Mark Seibold Phone: 1-701-751-3050 Extension: Fax: 1-701-751-3053 Email: mseibold@northlandhealth.com Address: 201 N 24 St City: Bismarck State: ND Zip: 58501 Last Updated: 03/27/2012
Contract Number: H7200 Legal Entity Name: AMERIGROUP TENNESSEE, INC. Organization Marketing Name: Amerigroup Community Care Parent Organization: AMERIGROUP Corporation	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 3,400 Legal Entity Address: 22 Century Blvd. Suite 310 City: Nashville State: TN Zip: 37214	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 06/15/2009
Contract Number: H7220 Legal Entity Name: INDIANA UNIVERSITY HEALTH PLANS, INC. Organization Marketing Name: Indiana University Health Plans - Medicare Parent Organization: Indiana University Health	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 8,217 Legal Entity Address: 1776 N. Meridian Street, Suite 300 City: Indianapolis State: IN Zip: 46202	Contact Title: Director, Customer Solutions Center Name: Trina Gibson Phone: 1-317-963-9700 Extension: Fax: Email: tgibson2@iuhealth.org Address: 1776 N. Meridian Street Suite 300 City: Indianapolis State: IN Zip: 46202 Last Updated: 02/14/2011
Contract Number: H7281 Legal Entity Name: BRAVO HEALTH PENNSYLVANIA, INC. Organization Marketing Name: Bravo Health Parent Organization: CIGNA	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 4,979 Legal Entity Address: 1500 Spring Garden, 8th Floor City: Philadelphia State: PA Zip: 19130	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-800-668-3813 Extension: Fax: Email: Wendy.Wetzel@healthspring.com Address: PO Box 20002 City: Nashville State: TN Zip: 37207 Last Updated: 03/21/2012

Contract Number: H7292
Legal Entity Name: ALAMEDA ALLIANCE JOINT POWERS AUTHORITY (JPA)
Organization Marketing Name: Alameda Alliance for Health
Parent Organization: Alameda Alliance for Health

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 5,078 Legal Entity Address: 1240 South Loop Road City: Alameda State: CA Zip: 94502	Contact Title: Manager, Medicare Compliance Name: Adriana Ahumada Phone: 1-510-747-6170 Extension: Fax: 1-510-747-4174 Email: aahumada@alamedaalliance.org Address: 1240 South Loop Road City: Alameda State: CA Zip: 94502 Last Updated: 04/16/2012
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Contract Number: H7301
Legal Entity Name: COVENTRY HEALTH CARE OF ILLINOIS, INC.
Organization Marketing Name: Coventry Health Care of Illinois, Inc.
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 10,920 Legal Entity Address: 2110 Fox Drive, Ste. A City: Champaign State: IL Zip: 61820	Contact Title: VP, General Manager Medicare/Medicaid Name: Ryan Voisey Phone: 1-866-784-4916 Extension: Fax: Email: rvoisey@cvty.com Address: 550 Maryville Centre Drive Suite 300 City: St. Louis State: MO Zip: 63141 Last Updated: 04/17/2012
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Contract Number: H7306
Legal Entity Name: FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY
Organization Marketing Name: Coventry Health Care
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 2,671 Legal Entity Address: 6705 Rockledge Drive Suite 900 City: Bethesda State: MD Zip: 20817	Contact Title: Vice President General Manager Medicare/ Medicaid Name: Joe McGrath Phone: 1-866-731-9570 Extension: Fax: Email: fjmcgrath@cvty.com Address: 3900 Rogers Rd City: San Antonio State: TX Zip: 78251 Last Updated: 04/17/2012
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Contract Number: H7352
Legal Entity Name: UNIVERSITY CARE ADVANTAGE, L.L.C
Organization Marketing Name: University Care Advantage
Parent Organization: UA Healthcare, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 3,284 Legal Entity Address: 2701 E. Elvira City: Tucson State: AZ Zip: 85756	Contact Title: Director Medicare Programs Name: Richard G Slaughter Phone: 1-520-874-5533 Extension: Fax: 1-520-874-5555 Email: Richard.Slaughter@uahealth.com Address: 2701 E. Elvira City: Tucson State: AZ Zip: 85756 Last Updated: 09/14/2011
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Contract Number: H7475
Legal Entity Name: CARE WISCONSIN HEALTH PLAN, INC.
Organization Marketing Name: Care Wisconsin Health Plan, Inc.
Parent Organization: Care Wisconsin First, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 231 Legal Entity Address: 2802 International Lane PO Box 14017 City: Madison State: WI Zip: 537080017	Contact Title: Name: Customer Service Phone: 1-800-963-0035 Extension: Fax: Email: webmaster@carewisc.org Address: 2802 International Lane P.O. Box 14017 City: Madison State: WI Zip: 53708-0017 Last Updated: 04/30/2009
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Contract Number: H7526
Legal Entity Name: MEDICA HEALTH PLANS
Organization Marketing Name: Medica Health Plans
Parent Organization: Medica Holding Company

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 297 Legal Entity Address: 401 Carlson Parkway City: Minnetonka State: MN Zip: 55305	Contact Title: Name: Customer Service Phone: 1-800-234-8755 Extension: Fax: Email: centerforhealthyaging@medica.com Address: 401 Carlson Parkway City: Minnetonka State: MN Zip: 55305 Last Updated: 04/23/2007
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Contract Number: H7660
Legal Entity Name: VIECARE BEAVER LLC DBA LIFE BEAVER COUNTY
Organization Marketing Name: LIFE Beaver and Lawrence Counties
Parent Organization: Lutheran SeniorLife

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 272 Legal Entity Address: 1323 Freedom Road City: Cranberry Twp. State: PA Zip: 16066	Contact Title: Director of Finance Name: David Hamm Phone: 1-724-742-2226 Extension: Fax: 1-724-776-0811 Email: dave.hamm@lutheranseniorlife.org Address: Lutheran SeniorLife 1323 Freedom Road City: Cranberry Township State: PA Zip: 16066 Last Updated: 04/27/2012
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Contract Number: H7678
Legal Entity Name: MOLINA HEALTHCARE OF TEXAS, INC.
Organization Marketing Name: Molina Healthcare of Texas, Inc.
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 869 Legal Entity Address: 2505 North Hwy 360, Suite 300 City: Grand Prairie State: TX Zip: 75050	Contact Title: Name: Member Services Phone: 1-866-440-0012 Extension: Fax: Email: CentralizedOps.Medicare@MolinaHealthCare.com Address: 84 NE Loop 410 Suite 200 City: San Antonio State: TX Zip: 78216 Last Updated: 07/21/2009
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Contract Number: H7787
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
Organization Marketing Name: HealthSpring Medicare Advantage PPO
Parent Organization: CIGNA

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 8,613 Legal Entity Address: 2900 North Loop West Suite 300 City: Houston State: TX Zip: 77092	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-800-668-3813 Extension: Fax: Email: Wendy.Wetzel@healthspring.com Address: PO Box 20002 City: Nashville State: TN Zip: 37207 Last Updated: 09/28/2011
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Contract Number: H7908
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 662 Legal Entity Address: 980 Jolly Road City: Blue Bell State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 12/11/2007
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Contract Number: H7917
Legal Entity Name: BLUECROSS BLUESHIELD OF TENNESSEE, INC.
Organization Marketing Name: BlueCross BlueShield of Tennessee
Parent Organization: BlueCross BlueShield of Tennessee

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 32,993 Legal Entity Address: 1 Cameron Hill Circle City: Chattanooga State: TN Zip: 37402	Contact Title: Supervisor Medicare Advantage Operations Name: Carol Troxell Phone: 1-800-841-7434 Extension: Fax: Email: carol_troxell@bcbst.com Address: 1 Cameron Hill Circle City: Chattanooga State: TN Zip: 37402 Last Updated: 07/13/2009
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Contract Number: H7949
Legal Entity Name: PACIFICARE OF NEVADA, INC.
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2008 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,388 Legal Entity Address: 9900 Bren Rd E City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/14/2011
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Contract Number: H8050
Legal Entity Name: CARILION CLINIC MEDICARE RESOURCES, LLC
Organization Marketing Name: Carilion Clinic Medicare Health Plan
Parent Organization: Carilion Services, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 1,740 Legal Entity Address: 213 South Jefferson Street, Suite 1409 City: Roanoke State: VA Zip: 240111713	Contact Title: Director, Medicare and Government Compliance Name: India C Thomas Phone: 1-540-985-3398 Extension: Fax: 1-540-985-3398 Email: ichtomas@carilionclinic.org Address: PO Box 40032 213 S. Jefferson St., Suite 1409 City: Roanoke State: VA Zip: 24022-0032 Last Updated: 06/13/2012
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Contract Number: H8091
Legal Entity Name: USABLE MUTUAL INSURANCE COMPANY
Organization Marketing Name: ARKANSAS BLUE CROSS AND BLUE SHIELD
Parent Organization: USABLE Mutual Insurance Company

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 160 Legal Entity Address: 601 Gaines Street City: Little Rock State: AR Zip: 72201	Contact Title: Manager Medicare Operations Name: Delena C Hicks Phone: 1-501-378-6951 Extension: Fax: Email: dchicks@arkbluecross.com Address: 320 W. Capitol, Suite 400 City: Little Rock State: AR Zip: 72203 Last Updated: 02/24/2010
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Contract Number: H8096
Legal Entity Name: CENTRA HEALTH, INC.
Organization Marketing Name: Centra PACE
Parent Organization: Centra Health, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 90 Legal Entity Address: 407 Federal Street City: Lynchburg State: VA Zip: 24504	Contact Title: Centra PACE Program Director Name: Debra M Maddox Phone: 1-434-200-4190 Extension: Fax: Email: Debra.Maddox@centrahealth.com Address: 407 Federal Street City: Lynchburg State: VA Zip: 24504 Last Updated: 08/25/2008
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Contract Number: H8098
Legal Entity Name: UNIVERSAL HEALTH CARE INSURANCE COMPANY
Organization Marketing Name: Universal Health Care Insurance Company, Inc.
Parent Organization: Universal Health Care Group, Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 23,104 Legal Entity Address: 100 Central Avenue Suite 200 City: St. Petersburg State: FL Zip: 33701	Contact Title: Compliance Officer Name: Nirali Patel Phone: 1-866-690-4842 Extension: Fax: 1-727-822-3446 Email: compliance@univhc.com Address: UNIVERSAL HEALTH CARE, INC. 100 CENTRAL AVENUE, SUITE 200 City: SAINT PETERSBURG State: FL Zip: 33701 Last Updated: 07/12/2011
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Contract Number: H8130
Legal Entity Name: MOLINA HEALTHCARE OF FLORIDA, INC.
Organization Marketing Name: Molina Healthcare of Florida
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 888 Legal Entity Address: 8300 NW 33rd Street, Suite 400 City: Doral State: FL Zip: 33122	Contact Title: Name: Member Services Phone: 1-866-553-9494 Extension: Fax: Email: CentralizedOps.Medicare@MolinaHealthCare.com Address: 8300 NW 33rd St. Suite 400 City: Doral State: FL Zip: 33122 Last Updated: 02/28/2011
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Contract Number: H8145
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 181,714 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H8189
Legal Entity Name: MANAGED HEALTH SERVICES, WISCONSIN
Organization Marketing Name: Advantage by Managed Health Services
Parent Organization: Centene Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 651 Legal Entity Address: 10700 West Research Drive Suite 300 City: Milwaukee State: WI Zip: 53226	Contact Title: Sr. VP Government Relations/Compliance Name: Sandi Tunis Phone: 1-414-773-4039 Extension: Fax: Email: stunis@centene.com Address: 10700 West Research Drive Suite 300 City: Milwaukee State: WI Zip: 53226 Last Updated: 01/03/2012
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Contract Number: H8393
Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY
Organization Marketing Name: Coventry Health Care
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 2,826 Legal Entity Address: 15950 West Dodge Road City: Omaha State: NE Zip: 681184030	Contact Title: Vice President, General Manager Name: Richard N Sloma Phone: 1-866-901-4692 Extension: Fax: Email: rsloma@cvtly.com Address: 4320 114th St City: Urbandale State: IA Zip: 50322 Last Updated: 12/21/2011
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Contract Number: H8424
Legal Entity Name: SIOUXLAND PACE, INC.
Organization Marketing Name: SIOUXLAND PACE, INC.
Parent Organization: St. Luke's Health System, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 08/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Kansas City Enrollment: 114 Legal Entity Address: 309 Cook St City: Sioux City State: IA Zip: 51103	Contact Title: Director Name: Randall Ehlers Phone: 1-712-224-7223 Extension: 7256 Fax: 1-712-224-7253 Email: ehlersr@hospicemail.com Address: 309 Cook St City: Sioux City State: IA Zip: 51103 Last Updated: 11/08/2011
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Contract Number: H8468
Legal Entity Name: GEISINGER INDEMNITY INSURANCE COMPANY
Organization Marketing Name: Geisinger Gold
Parent Organization: Geisinger Health System

Organization Type: MSA Plan Type: MSA Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 2,542 Legal Entity Address: 100 North Academy Avenue City: Danville State: PA Zip: 178223220	Contact Title: Director of Customer Service Name: Renee Blasi Phone: 1-800-498-9731 Extension: 16159 Fax: 1-570-271-5970 Email: rmbiasi@thehealthplan.com Address: 100 North Academy Avenue City: Danville State: PA Zip: 17822-3229 Last Updated: 12/14/2007
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Contract Number: H8552
Legal Entity Name: ANTHEM BLUE CROSS LIFE AND HEALTH INS COMPANY
Organization Marketing Name: Anthem Blue Cross Life and Health Insurance Co.
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 48,642 Legal Entity Address: 1 WellPoint Way Mail Stop CAT202-B005 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-877-811-3107 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
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Contract Number: H8558
Legal Entity Name: STERLING LIFE INSURANCE COMPANY
Organization Marketing Name: WindsorSterling
Parent Organization: Munich American Holding Corporation

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 1,129 Legal Entity Address: 2219 Rimland Dr. P.O. Box 5348 City: Bellingham State: WA Zip: 98227	Contact Title: Chief Compliance Officer Name: Wendy Richey Phone: 1-615-782-7861 Extension: Fax: Email: wendy.richey@whptn.com Address: 7100 Commerce Way, Ste 285 City: Brentwood State: TN Zip: 37027 Last Updated: 07/16/2012
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Contract Number: H8578
Legal Entity Name: HEALTH NEW ENGLAND, INC.
Organization Marketing Name: HNE Medicare Advantage Plans
Parent Organization: Baystate Health, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 7,252 Legal Entity Address: One Monarch Place Suite 1500 City: Springfield State: MA Zip: 01144	Contact Title: Communications Manager Name: Joseph Kane Phone: 1-413-787-4000 Extension: 3229 Fax: 1-413-734-3356 Email: jkane@hne.com Address: Health New England, Inc. One Monarch Place, Suite 1500 City: Springfield State: MA Zip: 01144 Last Updated: 02/14/2008
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Contract Number: H8604
Legal Entity Name: THP INSURANCE COMPANY
Organization Marketing Name: Health Plan SecureChoice
Parent Organization: Health Plan of the Upper Ohio Valley

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 662 Legal Entity Address: 52160 National Road East City: St. Clairsville State: OH Zip: 43950	Contact Title: Director Member Services Name: Sherry Stanley Phone: 1-740-695-7682 Extension: Fax: 1-740-695-8103 Email: sstanley@healthplan.org Address: The Health Plan 52160 National Road East City: St. Clairsville State: OH Zip: 43950 Last Updated: 02/28/2007
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Contract Number: H8644
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 16,720 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H8649
Legal Entity Name: ALTIUS HEALTH PLANS, INC.
Organization Marketing Name: Altius Health Plans
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 4,371 Legal Entity Address: 10421 South Jordan Gateway Suite 400 City: South Jordan State: UT Zip: 84095	Contact Title: Director, Medicare Operations Name: Camie Grande Phone: 1-866-784-4918 Extension: Fax: Email: cmgrande@cvt.com Address: 10421 South Jordan Gateway Suite 400 City: South Jordan State: UT Zip: 84095 Last Updated: 04/18/2012
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Contract Number: H8653
Legal Entity Name: CHAPTERS HEALTH SENIOR INDEPENDENCE
Organization Marketing Name: Chapters Health Senior Independence, Inc.
Parent Organization: Chapters Healthcare System, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 53 Legal Entity Address: 5102 W. Linebaugh Avenue City: Tampa State: FL Zip: 33624	Contact Title: Finance Manager Name: Stacie M Daniello Phone: 1-813-440-6029 Extension: Fax: 1-813-440-6030 Email: daniellos@chaptershealth.org Address: 5102 W. Linebaugh Avenue City: Tampa State: FL Zip: 33624 Last Updated: 03/06/2012
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Contract Number: H8655
Legal Entity Name: RIVERSIDE RETIREMENT SERVICES, INC.
Organization Marketing Name: Riverside PACE
Parent Organization: Riverside Retirement Services, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 315 Legal Entity Address: 1020 Old Denbigh Blvd. City: Newport News State: VA Zip: 23602	Contact Title: Business Manager Name: Courtney Berg Phone: 1-757-369-5137 Extension: Fax: 1-757-369-5807 Email: courtney.berg@rivhs.com Address: 12652 Jefferson Ave suite c City: Newport News State: VA Zip: 23608 Last Updated: 12/27/2011
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Contract Number: H8684
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 1,320 Legal Entity Address: 151 FARMINGTON AVENUE City: HARTFORD State: CT Zip: 06158	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 02/19/2009
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Contract Number: H8707
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 15,486 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H8748
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 6,262	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
Legal Entity Address: c/o UnitedHealth Group/Ovations, 9900 Bren Rd East MAIL ROUTE MN0008-W240 City: Minnetonka State: MN Zip: 55343	

Contract Number: H8777
Legal Entity Name: COMPLETE SENIOR CARE
Organization Marketing Name: Complete Senior Care
Parent Organization: Health Association of Niagara County, Incorp.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 08/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 48	Contact Title: Chief Executive Officer Name: Courtney Jacques Phone: 1-716-285-8224 Extension: 147 Fax: Email: jacques@completeseniorcare.org Address: 1302 Main Street City: Niagara Falls State: NY Zip: 14301 Last Updated: 03/05/2012
Legal Entity Address: 1302 Main Street City: Niagra Falls State: NY Zip: 14301	

Contract Number: H8800
Legal Entity Name: TOTAL SENIOR CARE, INC.
Organization Marketing Name: Total Senior Care, Inc.
Parent Organization: Community Care of Western New York, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 10/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 78	Contact Title: Program Officer Name: Ann Feightner Phone: 1-716-379-8474 Extension: Fax: 1-716-379-8543 Email: afeightner@totalseniorcare.org Address: 519 North Union Street City: Olean State: NY Zip: 14760 Last Updated: 12/16/2008
Legal Entity Address: 519 North Union Street City: Olean State: NY Zip: 14760	

Contract Number: H8822
Legal Entity Name: ADVANTAGE HEALTH SOLUTIONS, INC.
Organization Marketing Name: ADVANTAGE Health Solutions, Inc.
Parent Organization: Advantage Health Solutions

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,990	Contact Title: Medicare Programs Operations Manager Name: Diane Hettmansperger Phone: 1-800-523-7533 Extension: Fax: Email: dhettmansperger@advantageplan.com Address: 9045 River Road, Suite 200 City: Indianapolis State: IN Zip: 46240 Last Updated: 11/01/2010
Legal Entity Address: 9045 River Road, Suite 200 City: Indianapolis State: IN Zip: 46240	

Contract Number: H8953
Legal Entity Name: HUMANA HEALTH PLAN OF OHIO, INC.
Organization Marketing Name: Humana Health Plan of Ohio, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 12,147 Legal Entity Address: 640 Eden Park Drive City: Cincinnati State: OH Zip: 452026056	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H8980
Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY
Organization Marketing Name: HealthAmerica
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 1,420 Legal Entity Address: 3721 TecPort Drive City: Harrisburg State: PA Zip: 17106	Contact Title: Vice President, General Manager Name: Robert O'Connor Phone: 1-800-290-0190 Extension: Fax: Email: rtoconnor@cvty.com Address: 11 Stanwix Street City: Pittsburgh State: PA Zip: 15222 Last Updated: 08/31/2011
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Contract Number: H8991
Legal Entity Name: AMERIGROUP FLORIDA, INC.
Organization Marketing Name: Amerigroup Community Care
Parent Organization: AMERIGROUP Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 1,938 Legal Entity Address: 4200 W. Cypress Street Suite 900 City: Tampa State: FL Zip: 33607	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 06/11/2009
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Contract Number: H9001
Legal Entity Name: FALLON COMMUNITY HEALTH PLAN
Organization Marketing Name: Fallon Senior Plan or NaviCare
Parent Organization: Fallon Community Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1980 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 30,745 Legal Entity Address: ONE CHESTNUT PLACE 10 CHESTNUT STREET City: WORCESTER State: MA Zip: 016082810	Contact Title: Name: Customer Service Phone: 1-508-799-2100 Extension: 69988 Fax: Email: CustomerService@fchp.org Address: One Chestnut Place 10 Chestnut Street City: Worcester State: MA Zip: 01608 Last Updated: 04/26/2012
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Contract Number: H9003
Legal Entity Name: KAISER FOUNDATION HP OF THE N W
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1980 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 64,280 Legal Entity Address: 500 NE Multnomah St SUITE 100 City: PORTLAND State: OR Zip: 97232	Contact Title: Name: Member Services Phone: 1-877-221-8221 Extension: Fax: Email: kaiserpermanente@kp.org Address: 500 NE Multnomah St., Suite 100 City: Portland State: OR Zip: 97232 Last Updated: 04/05/2007
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Contract Number: H9011
Legal Entity Name: UNITEDHEALTHCARE OF FLORIDA, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1982 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 15,187 Legal Entity Address: 13621 N.W. 12TH ST. City: SUNRISE State: FL Zip: 33323	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H9047
Legal Entity Name: PROVIDENCE HEALTH PLAN
Organization Marketing Name: Providence Health Plans
Parent Organization: Providence Health & Services

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 12/01/1985 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 39,738 Legal Entity Address: 3601 SW MURRAY BLVD. SUITE 10 City: BEAVERTON State: OR Zip: 97005	Contact Title: Program Manager - Medicare Compliance Name: Keri Steege Phone: 1-503-574-6437 Extension: Fax: 1-503-574-6543 Email: keri.steege@providence.org Address: 3601 SW Murray Blvd. Suite 10 City: Beaverton State: OR Zip: 97005 Last Updated: 11/06/2009
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Contract Number: H9068
Legal Entity Name: ALBRIGHT CARE SERVICES
Organization Marketing Name: ALBRIGHT CARE SERVICES
Parent Organization: Albright Care Services

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 01/01/2012 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 154 Legal Entity Address: 90 Maplewood Drive City: Lewisburg State: PA Zip: 17837	Contact Title: Executive VP Name: Douglas Flasher Phone: 1-570-522-3880 Extension: Fax: 1-570-524-9068 Email: doug.flasher@albrightcare.org Address: 90 Maplewood Drive City: Lewisburg State: PA Zip: 17837 Last Updated: 05/24/2012
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Contract Number: H9082
Legal Entity Name: MOLINA HEALTHCARE OF NEW MEXICO, INC.
Organization Marketing Name: Molina Healthcare of New Mexico, Inc.
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 896 Legal Entity Address: 8801 Horizons Blvd., Suite 400 City: Albuquerque State: NM Zip: 87113	Contact Title: Name: Member Services Phone: 1-866-472-4584 Extension: Fax: Email: CentralizedOps.Medicare@MolinaHealthCare.com Address: 8801 Horizons Blvd NE City: Albuquerque State: NM Zip: 87113 Last Updated: 02/23/2011
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Contract Number: H9104
Legal Entity Name: SCAN HEALTH PLAN
Organization Marketing Name: SCAN Health Plan
Parent Organization: SCAN Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1985 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 7,897 Legal Entity Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806	Contact Title: Manager, Member Services Operations Name: Kim McBeath Phone: 1-800-559-3500 Extension: Fax: 1-562-989-5181 Email: MemberServices@scanhealthplan.com Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806 Last Updated: 09/30/2011
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Contract Number: H9266
Legal Entity Name: PIEDMONT HEALTH SERVICES, INC.
Organization Marketing Name: Piedmont Health SeniorCare
Parent Organization: PIEDMONT HEALTH SERVICES, INC.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 10/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 115 Legal Entity Address: 1214 Vaughn Road City: Burlington State: NC Zip: 27217	Contact Title: Executive Director, Piedmont Health SeniorCare Name: Marianne C Ratcliffe Phone: 1-336-532-0000 Extension: Fax: 1-336-532-0001 Email: ratclifm@piedmonthealth.org Address: 1214 Vaughn Road City: Burlington State: NC Zip: 27217 Last Updated: 09/09/2008
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Contract Number: H9285
Legal Entity Name: ATLANTIS HEALTH PLAN, INC.
Organization Marketing Name: EASY CHOICE HEALTH PLAN OF NEW YORK
Parent Organization: Americas 1st Choice NY Holdings, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 367 Legal Entity Address: 45 Broadway Suite 300 City: New York State: NY Zip: 10006	Contact Title: Director, Provider Relations Name: Ajhezza Gonzalez Phone: 1-212-747-8259 Extension: Fax: 1-646-929-9255 Email: agonzalez@easychoiceny.com Address: 45 Broadway Suite 300 City: New York State: NY Zip: 10006 Last Updated: 04/17/2012
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Contract Number: H9302
Legal Entity Name: SOUNDPATH HEALTH, INC.
Organization Marketing Name: Soundpath Health
Parent Organization: Puget Sound Health Partners, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 16,858 Legal Entity Address: 32129 Weyerhaeuser Way S Suite 201 City: Federal Way State: WA Zip: 980019911	Contact Title: Director of Marketing Name: Kim Heuss Phone: 1-253-345-5555 Extension: Fax: 1-253-779-8829 Email: k.heuss@soundpathhealth.com Address: 32129 Weyerhaeuser Way S., Suite 201 City: Federal Way State: WA Zip: 98001 Last Updated: 04/21/2012
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Contract Number: H9385
Legal Entity Name: SCAN HEALTH PLAN OF ARIZONA
Organization Marketing Name: SCAN Health Plan Arizona
Parent Organization: SCAN Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 12,603 Legal Entity Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806	Contact Title: Manager, Member Services Operations Name: Kim McBeath Phone: 1-888-540-7226 Extension: Fax: 1-562-989-5181 Email: MemberServices@scanhealthplan.com Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806 Last Updated: 09/30/2011
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Contract Number: H9503
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 2,293 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: H9572
Legal Entity Name: BLUE CROSS BLUE SHIELD OF MICHIGAN
Organization Marketing Name: Blue Cross Blue Shield of Michigan
Parent Organization: Blue Cross Blue Shield of Michigan

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 223,456 Legal Entity Address: 600 East Lafayette Blvd. City: Detroit State: MI Zip: 48226	Contact Title: Name: Customer Inquiry Phone: 1-877-469-2583 Extension: Fax: Email: pre-enrollmentsales@bcbsm.com Address: 600 East Lafayette Blvd. MC H404 City: Detroit State: MI Zip: 48226 Last Updated: 04/20/2012
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Contract Number: H9615
Legal Entity Name: MVP HEALTH PLAN, INC.
Organization Marketing Name: MVP HEALTH CARE
Parent Organization: MVP Health Care, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 6,627 Legal Entity Address: 625 State Street City: Schenectady State: NY Zip: 12301	Contact Title: Sales Manager Medicare Name: Catherine Mercury Phone: 1-888-280-6205 Extension: Fax: Email: cmercury@mvphealthcare.com Address: 220 Alexander St City: Rochester State: NY Zip: 14607 Last Updated: 05/18/2009
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Contract Number: H9670
Legal Entity Name: UPMC HEALTH BENEFITS, INC.
Organization Marketing Name: UPMC Health Plan
Parent Organization: University of Pittsburgh Medical Center

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 1,068 Legal Entity Address: USX Tower, 55th Floor 600 Grant Street City: Pittsburgh State: PA Zip: 15219	Contact Title: Name: Medicare Marketing Phone: 1-877-381-3765 Extension: Fax: Email: upmchp@upmc.edu Address: USX Tower, 9th Floor 600 Grant Street City: Pittsburgh State: PA Zip: 15219 Last Updated: 03/23/2012
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Contract Number: H9788
Legal Entity Name: HEALTHNOW NEW YORK INC.
Organization Marketing Name: ActiveSaver MSA or BlueSaver MSA
Parent Organization: HealthNow New York Inc.

Organization Type: MSA Plan Type: MSA Contract Effective Date: 01/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 414 Legal Entity Address: 257 West Genesee Street City: Buffalo State: NY Zip: 142022657	Contact Title: Name: Customer Service Phone: 1-877-327-1395 Extension: Fax: Email: seniorblue@bcbswny.com Address: PO Box 13599 City: Albany State: NY Zip: 12212 Last Updated: 06/06/2011
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Contract Number: H9830
Legal Entity Name: NEWCOURTLAND LIFE PROGRAM
Organization Marketing Name: NewCourtland LIFE Program
Parent Organization: New Courtland LIFE Program

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 10/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 249 Legal Entity Address: 1845 Walnut Street 12th Floor City: Philadelphia State: PA Zip: 19103	Contact Title: Vice President of Health Services Name: Mary Austin Phone: 1-215-965-2392 Extension: Fax: 1-267-286-6235 Email: maustin@newcourtland.org Address: NewCourtland LIFE Program 1845 Walnut Street 12th Floor City: Philadelphia State: PA Zip: 19103 Last Updated: 08/22/2011
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Contract Number: H9847
Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY
Organization Marketing Name: Coventry Health Care
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 11,363 Legal Entity Address: 6705 Rockledge Drive Suite 900 City: Bethesda State: MD Zip: 20817	Contact Title: VP/GM, Medicare Name: Don Edwards Phone: 1-866-731-9574 Extension: Fax: Email: dledwards1@cvty.com Address: 2801 Slater Road Suite 200 City: Morrisville State: NC Zip: 27560 Last Updated: 03/12/2012
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Contract Number: H9859
Legal Entity Name: MVP HEALTH PLAN, INC.
Organization Marketing Name: MVP HEALTH CARE
Parent Organization: MVP Health Care, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 9,996 Legal Entity Address: 625 State Street City: Schenectady State: NY Zip: 12305	Contact Title: Sales Manager Medicare Name: Catherine Mercury Phone: 1-888-280-6205 Extension: Fax: Email: cmercury@mvphealthcare.com Address: 220 Alexander St City: Rochester State: NY Zip: 14607 Last Updated: 05/18/2009
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Contract Number: H9947
Legal Entity Name: BLUE CROSS BLUE SHIELD OF GEORGIA, INC.
Organization Marketing Name: Blue Cross Blue Shield of Georgia
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 10,764 Legal Entity Address: 1 WellPoint Way Mail Stop CAT202-B005 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-207-8869 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
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Contract Number: H9998
Legal Entity Name: LUBBOCK REGIONAL MENTAL HEALTH MENTAL RETARDATION
Organization Marketing Name: La Paloma
Parent Organization: Lubbock Regional Mental Health

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 29 Legal Entity Address: PO Box 2828 4010 22nd Street City: Lubbock State: TX Zip: 794082828	Contact Title: CHIEF INFORMATION OFFICER Name: Wendy Potitadkul Phone: 1-806-766-0272 Extension: Fax: 1-806-766-0250 Email: wpotitad@lubbockmhmr.org Address: P.O. Box 2828 City: Lubbock State: TX Zip: 79408 Last Updated: 09/29/2011
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Contract Number: R3175
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 6,801 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: R3332
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
Organization Marketing Name: Florida Blue
Parent Organization: Blue Cross and Blue Shield of Florida

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 40,336 Legal Entity Address: 4800 Deerwood Campus Parkway Bldg. 100 / 8th Floor City: Jacksonville State: FL Zip: 32246	Contact Title: Compliance Specialist Name: Debbie DeArmas Phone: 1-904-905-4688 Extension: Fax: 1-904-475-7034 Email: Debbie.DeArmas@bcbsfl.com Address: 4800 Deerwood Campus Pkwy DCC Building 100, 7th Floor City: Jacksonville State: FL Zip: 32246 Last Updated: 06/02/2011
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Contract Number: R3444
Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
Organization Marketing Name: Care Improvement Plus
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 23,773 Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201	Contact Title: Name: Provider Relations Phone: 1-866-679-3119 Extension: Fax: Email: providerrelations@careimprovementplus.com Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201 Last Updated: 01/26/2011
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Contract Number: R5287
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 180,922 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: R5342
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 50,280 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: R5826
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 326,297 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-457-4708 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 07/12/2011
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Contract Number: R5941
Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 173,073 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-888-290-9160 Extension: Fax: Email: SrCsServices@Wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/19/2011
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Contract Number: R6801
Legal Entity Name: CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY
Organization Marketing Name: Care Improvement Plus
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 29,615 Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201	Contact Title: Name: Provider Relations Phone: 1-866-679-3119 Extension: Fax: Email: providerrelations@careimprovementplus.com Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201 Last Updated: 01/26/2011
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Contract Number: R7439 Legal Entity Name: HAWAII MEDICAL SERVICE ASSOCIATION Organization Marketing Name: Akamai Advantage by HMSA Parent Organization: Hawaii Medical Service Association	
Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 24,017 Legal Entity Address: 818 Keeaumoku Street City: Honolulu State: HI Zip: 968142365	Contact Title: Manager Name: Kevin Unger Phone: 1-800-790-4672 Extension: Fax: Email: kevin_unger@hmsa.com Address: 534 - CR 818 Keeaumoku St City: Honolulu State: HI Zip: 96814 Last Updated: 01/12/2010
Contract Number: R7444 Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY Organization Marketing Name: UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 20,278 Legal Entity Address: c/o UnitedHealth Group/Ovations, 9900 Bren Rd East MAIL ROUTE MN008-W240 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
Contract Number: R9896 Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO Organization Marketing Name: Care Improvement Plus Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 56,788 Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201	Contact Title: Name: Provider Relations Phone: 1-866-679-3119 Extension: Fax: Email: providerrelations@careimprovementplus.com Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201 Last Updated: 01/26/2011