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

Sorted by Legal Entity Name

CPC/MDBG/DPD
June 2015

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.

Legal Entity Name: A&D CHARITIBLE FOUNDATION, INC.
Contract Number: H9185
Organization Marketing Name: Great Lakes PACE
Parent Organization: A&D Charitable Foundation, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 05/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: *

Legal Entity Address: 3150 Enterprise Drive, #200
City: Saginaw
State: MI
Zip: 48603

Contact Title: Program Director
Name: David Benjamin
Phone: 1-989-249-0929
Extension:
Fax: 1-989-249-1147
Email: dbenjamin@a-dhomecare.com
Address: 3150 Enterprise Dr,
City: Saginaw
State: MI
Zip: 48603
Last Updated: 11/12/2014

Legal Entity Name: ABSOLUTE TOTAL CARE, INC.
Contract Number: H1723
Organization Marketing Name: Absolute Total Care
Parent Organization: Centene Corporation

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 02/01/2015
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 544

Legal Entity Address: 1441 Main Street
Suite 900
City: Columbia
State: SC
Zip: 29201

Contact Title:
Name: Member Services
Phone: 1-855-735-4398
Extension:
Fax:
Email: mijones@centene.com
Address: 1441 Main Street
Suite 900
City: Columbia
State: SC
Zip: 29201
Last Updated: 03/04/2015

Legal Entity Name: ADVANTAGE HEALTH SOLUTIONS, INC.
Contract Number: H5508
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: 20,860

Legal Entity Address: 9045 River Road, Suite 200
City: Indianapolis
State: IN
Zip: 46240

Contact Title: CCO
Name: Jan Teal
Phone: 1-317-573-8250
Extension:
Fax: 1-317-587-8408
Email: jteal@advantageplan.com
Address: 9045 River Road, Suite 200
City: Indianapolis
State: IN
Zip: 46240
Last Updated: 04/12/2013

Legal Entity Name: ADVANTAGE HEALTH SOLUTIONS, INC.
Contract Number: H8822
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: 1,347

Legal Entity Address: 9045 River Road, Suite 200
City: Indianapolis
State: IN
Zip: 46240

Contact Title: CCO
Name: Jan Teal
Phone: 1-317-573-8250
Extension:
Fax: 1-317-587-8408
Email: jteal@advantageplan.com
Address: 9045 River Road, Suite 200
City: Indianapolis
State: IN
Zip: 46240
Last Updated: 04/12/2013

Legal Entity Name: ADVICARE, CORP.
Contract Number: H7542
Organization Marketing Name: Advicare Advocate
Parent Organization: Spartanburg Regional Health Services District, Inc

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 02/01/2015
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 562

Legal Entity Address: 531 South Main Street, Suite RL-1

City: Greenville
State: SC
Zip: 29601

Contact Title: VP of Finance and Administration
Name: Joe N Lowry
Phone: 1-301-437-4665
Extension:
Fax: 1-888-781-4316
Email: jlowry@advicarehealth.com
Address: 531 S Main Street, Suite RL-1

City: Greenville
State: SC
Zip: 29601
Last Updated: 06/17/2013

Legal Entity Name: AETNA BETTER HEALTH OF MICHIGAN INC.
Contract Number: H8026
Organization Marketing Name: Aetna Better Health Premier Plan
Parent Organization: Aetna Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 03/01/2015
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 4,916

Legal Entity Address: 1333 Gratiot Avenue, Suite 400

City: Detroit
State: MI
Zip: 48207

Contact Title: Compliance Lead
Name: Felicia Douglas
Phone: 1-313-324-7533
Extension:
Fax:
Email: Douglasf@aetna.com
Address: 1333 Gratiot Avenue

City: Detroit
State: MI
Zip: 48207
Last Updated: 05/01/2015

Legal Entity Name: AETNA BETTER HEALTH, INC. (IL)
Contract Number: H2506
Organization Marketing Name: Aetna Better Health Premier Plan
Parent Organization: Aetna Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 02/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 7,562

Legal Entity Address: 333 West Wacker Dr.
Suite 2100, MC F646

City: Chicago
State: IL
Zip: 60606

Contact Title: Compliance Officer
Name: Eric W Campbell
Phone: 1-866-600-2139
Extension:
Fax: 1-312-928-3521
Email: CampbellE2@aetna.com
Address: 1 South Wacker Drive

City: Chicago
State: IL
Zip: 60606
Last Updated: 09/23/2014

Legal Entity Name: AETNA BETTER HEALTH, INC. (NY)
Contract Number: H8056
Organization Marketing Name: Aetna Better Health FIDA Plan
Parent Organization: Aetna Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 72

Legal Entity Address: 55 West 125th Street, Suite 1300

City: New York,
State: NY
Zip: 10027

Contact Title: Compliance Consultant
Name: Colette Pugh
Phone: 1-215-282-3520
Extension:
Fax:
Email: PughC@aetna.com
Address: 2000 Market Street
Suite 850

City: Philadelphia
State: PA
Zip: 19103
Last Updated: 02/05/2015

Legal Entity Name: AETNA BETTER HEALTH, INC. (OH)
Contract Number: H7172
Organization Marketing Name: Aetna Better Health of Ohio, MyCare Ohio
Parent Organization: Aetna Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 05/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 13,928

Legal Entity Address: 7400 W Campus Rd
City: New Albany
State: OH
Zip: 43054

Contact Title: V.P. External Relations
Name: Jason Smith
Phone: 1-207-200-0178
Extension:
Fax:
Email: SmithT6@aetna.com
Address: 7400 West Campus Road
City: New Albany
State: OH
Zip: 43054
Last Updated: 04/09/2014

Legal Entity Name: AETNA HEALTH INC.(GEORGIA)
Contract Number: H1109
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: Denver
Enrollment: 3,378

Legal Entity Address: 11675 Great Oaks Way
City: Alpharetta
State: GA
Zip: 30022

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-282-5366
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue
City: Hartford
State: CT
Zip: 06156
Last Updated: 11/24/2014

Legal Entity Name: AETNA HEALTH OF CALIFORNIA INC.
Contract Number: H0523
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: Denver
Enrollment: 16,512

Legal Entity Address: 2409 CAMINO RAMON
City: SAN RAMON
State: CA
Zip: 94583

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-282-5366
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue
City: Hartford
State: CT
Zip: 06156
Last Updated: 11/24/2014

Legal Entity Name: AETNA HEALTH OF UTAH, INC.
Contract Number: H8649
Organization Marketing Name: Altius Health Plans
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: Denver
Enrollment: 9,277

Legal Entity Address: 10421 South Jordan Gateway
Suite 400
City: South Jordan
State: UT
Zip: 84095

Contact Title:
Name: Aetna Customer Service
Phone: 1-866-784-4918
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue
City: Hartford
State: CT
Zip: 06156
Last Updated: 11/26/2014

Legal Entity Name: AETNA HEALTH, INC, (PA)
Contract Number: H3931
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: Denver
Enrollment: 27,826

Legal Entity Address: 980 Jolly Road

City: Blue Bell
State: PA
Zip: 19422

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-282-5366
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 11/26/2014

Legal Entity Name: AETNA HEALTH, INC. (CT)
Contract Number: H5793
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: Denver
Enrollment: 21,979

Legal Entity Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-282-5366
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 11/26/2014

Legal Entity Name: AETNA HEALTH, INC. (FL)
Contract Number: H5414
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: Denver
Enrollment: 18,161

Legal Entity Address: 4630 Woodlands Corporate Blvd.

City: Tampa
State: FL
Zip: 33614

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-282-5366
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 11/26/2014

Legal Entity Name: AETNA HEALTH, INC. (GEORGIA)
Contract Number: H5302
Organization Marketing Name: Coventry Health Care
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: Denver
Enrollment: 1,365

Legal Entity Address: 1100 Circle 75 Parkway, Suite 1400

City: Atlanta
State: GA
Zip: 30339

Contact Title:
Name: Aetna Customer Service
Phone: 1-866-613-4977
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 11/26/2014

Legal Entity Name: AETNA HEALTH, INC. (ME)
Contract Number: H3597
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: Denver
Enrollment: 7,291

Legal Entity Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-282-5366
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 11/25/2014

Legal Entity Name: AETNA HEALTH, INC. (NJ)
Contract Number: H3152
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: Denver
Enrollment: 37,414

Legal Entity Address: 55 LANE ROAD

City: FAIRFIELD
State: NJ
Zip: 070041098

Contact Title:
Name: Aetna Customer Service
Phone: 1-855-454-8052
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 11/25/2014

Legal Entity Name: AETNA HEALTH, INC. (NY)
Contract Number: H3312
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: Denver
Enrollment: 16,602

Legal Entity Address: 99 PARK AVENUE

City: NEW YORK
State: NY
Zip: 10016

Contact Title:
Name: Aetna Customer Service
Phone: 1-855-454-8052
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 11/25/2014

Legal Entity Name: AETNA HEALTH, INC. (TX)
Contract Number: H4523
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: Denver
Enrollment: 12,518

Legal Entity Address: 2777 Stemmons Freeway Suite 300

City: Dallas
State: TX
Zip: 753569440

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-282-5366
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 11/26/2014

Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Contract Number: H5521
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: Denver
Enrollment: 583,734

Legal Entity Address: 980 Jolly Road
City: Blue Bell
State: PA
Zip: 19422

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-282-5366
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue
City: Hartford
State: CT
Zip: 06156
Last Updated: 11/26/2014

Legal Entity Name: AFFINITY HEALTH PLAN, INC.
Contract Number: H5991
Organization Marketing Name: Affinity Health Plan
Parent Organization: Affinity Health Services Holdings, 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: 6,877

Legal Entity Address: 1776 Eastchester Road
City: Bronx
State: NY
Zip: 10461

Contact Title: Manager, Customer Service
Name: Alvin Ortiz
Phone: 1-718-794-6288
Extension:
Fax:
Email: AOrtiz@affinityplan.org
Address: 2500 Halsey Street
City: Bronx
State: NY
Zip: 10461
Last Updated: 09/23/2014

Legal Entity Name: AGEWELL NEW YORK, LLC
Contract Number: H4922
Organization Marketing Name: AgeWell New York
Parent Organization: AgeWell New York, LLC

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 47

Legal Entity Address: 1991 Marcus Avenue
Suite M201
City: Lake Success
State: NY
Zip: 11042

Contact Title: Assistance Executive Director
Name: Dana Sherwin
Phone: 1-718-484-5010
Extension:
Fax:
Email: dsherwin@agewellnewyork.com
Address: 1991 Marcus Ave
City: Lake Success
State: NY
Zip: 11042
Last Updated: 04/14/2015

Legal Entity Name: AGEWELL NEW YORK, LLC
Contract Number: H6308
Organization Marketing Name: AgeWell New York
Parent Organization: ParkerCare New York, LLC

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 44

Legal Entity Address: 1991 Marcus Avenue
Suite M201
City: Lake Success
State: NY
Zip: 11042

Contact Title:
Name: AgeWell NY Customer Service
Phone: 1-866-586-8044
Extension:
Fax:
Email: info@agewellnewyork.com
Address: 1991 Marcus Ave
City: Lake Success
State: NY
Zip: 11042
Last Updated: 04/14/2015

Legal Entity Name: AHF MCO OF FLORIDA, INC.
Contract Number: H3132
Organization Marketing Name: AHF
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: 1,197

Legal Entity Address: 700 SE 3rd Ave., 4th Floor

City: Fort Lauderdale
State: FL
Zip: 33316

Contact Title: Health Plan Administrator
Name: Michael O'Malley
Phone: 1-888-456-4715
Extension:
Fax: 1-323-337-9141
Email: michael.omalley@aidshealth.org
Address: 1001 N. Martel Ave.

City: Los Angeles
State: CA
Zip: 90046
Last Updated: 06/13/2013

Legal Entity Name: AIDS HEALTHCARE FOUNDATION
Contract Number: H5852
Organization Marketing Name: AHF
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: 816

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: 1-800-263-0067
Extension: 2
Fax: 1-323-337-9141
Email: michael.omalley@aidshealth.org
Address: 1001 N. Martel Ave.

City: Los Angeles
State: CA
Zip: 90046
Last Updated: 06/13/2013

Legal Entity Name: ALBRIGHT CARE SERVICES
Contract Number: H9068
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: 177

Legal Entity Address: 90 Maplewood Drive

City: Lewisburg
State: PA
Zip: 17837

Contact Title: Corporate Compliance Officer
Name: LouAnn Shively
Phone: 1-570-522-3880
Extension:
Fax: 1-570-524-9068
Email: louann.shively@albrightcare.org
Address: 90 Maplewood Drive

City: Lewisburg
State: PA
Zip: 17837
Last Updated: 02/26/2015

Legal Entity Name: ALEXIAN BROTHERS COMMUNITY SERVICES
Contract Number: H2609
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: 171

Legal Entity Address: 3900 S. GRAND BOULEVARD

City: ST. LOUIS
State: MO
Zip: 63118

Contact Title: Marketing Director
Name: Katina Boykin
Phone: 1-314-771-5800
Extension: 172
Fax: 1-314-771-7830
Email: kboykin@alexianbrothers.net
Address: 3900 S. Grand

City: St. Louis
State: MO
Zip: 63118
Last Updated: 05/02/2014

Legal Entity Name: ALEXIAN BROTHERS COMMUNITY SERVICES
Contract Number: H4402
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: 269

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

Legal Entity Name: ALLEGIAN HEALTH PLANS, INC.
Contract Number: H8554
Organization Marketing Name: Allegian Advantage
Parent Organization: Tenet Healthcare Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 1,825

Legal Entity Address: 2005 Ed Carey Dr
City: Harlingen
State: TX
Zip: 78550

Contact Title:
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: 02/17/2013

Legal Entity Name: ALLIANCE HEALTH AND LIFE INSURANCE COMPANY
Contract Number: H2322
Organization Marketing Name: Alliance Medicare PPO
Parent Organization: Henry Ford Health System

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 08/01/2005
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 3,249

Legal Entity Address: 2850 WEST GRAND BLVD.
City: Detroit
State: MI
Zip: 48202

Contact Title: VP-Client Services
Name: Richard Chaney
Phone: 1-866-766-4661
Extension:
Fax:
Email: rchaney@hap.org
Address: 2850 W. Grand Blvd.
City: Detroit
State: MI
Zip: 48202
Last Updated: 07/22/2014

Legal Entity Name: ALOHACARE
Contract Number: H5969
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: 491

Legal Entity Address: 1357 Kapiolani Blvd., Suite 1250
City: Honolulu
State: HI
Zip: 96814

Contact Title:
Name: AlohaCare Customer Service
Phone: 1-808-973-6395
Extension:
Fax: 1-808-973-7410
Email: info@alohacare.org
Address: 1357 Kapiolani Blvd., Suite 1250
City: Honolulu
State: HI
Zip: 96814
Last Updated: 08/24/2013

Legal Entity Name: ALPHACARE OF NEW YORK, INC.
Contract Number: H6974
Organization Marketing Name: AlphaCare Signature FIDA Plan
Parent Organization: Magellan Health, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 41

Legal Entity Address: 335 Adams Street
Suite 2600
City: Brooklyn
State: NY
Zip: 11201

Contact Title:
Name: Customer Service
Phone: 1-855-652-5742
Extension:
Fax:
Email: Acma@magellanhealth.com
Address: 335 Adams Street
Suite 2600
City: Brooklyn
State: NY
Zip: 11201
Last Updated: 02/27/2015

Legal Entity Name: ALPHACARE OF NEW YORK, INC.
Contract Number: H9122
Organization Marketing Name: AlphaCare of New York, Inc.
Parent Organization: Magellan Health, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 1,285

Legal Entity Address: 335 Adams Street
Suite 2600
City: Brooklyn
State: NY
Zip: 11201

Contact Title:
Name: Customer Service
Phone: 1-855-652-5742
Extension:
Fax:
Email: Acma@magellanhealth.com
Address: 335 Adams Street
Suite 2600
City: Brooklyn
State: NY
Zip: 11201
Last Updated: 02/27/2015

Legal Entity Name: ALTAMED HEALTH SERVICES CORPORATION
Contract Number: H0542
Organization Marketing Name: AltaMed Health Services Corporation
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: 1,307

Legal Entity Address: 2040 Camfield Ave.

City: Los Angeles
State: CA
Zip: 90040

Contact Title: Vice President, Senior Care Services
Name: Jennifer L Spalding
Phone: 1-323-558-7619
Extension:
Fax: 1-323-622-2442
Email: jspalding@la.altamed.org
Address: 2040 Camfield Ave
City: Los Angeles
State: CA
Zip: 90040
Last Updated: 02/04/2015

Legal Entity Name: AMARILLO MULTISVC CTR FR THE AGING INC
Contract Number: H4517
Organization Marketing Name: The basics at Jan Werner
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: 139

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@janwerneradultdaycare.org
Address: 3108 S Fillmore
City: Amarillo
State: TX
Zip: 79110
Last Updated: 05/20/2008

Legal Entity Name: AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY
Contract Number: H2775
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: 11,077

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 300
City: Houston
State: TX
Zip: 77081
Last Updated: 04/12/2013

Legal Entity Name: AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY
Contract Number: H2816
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: 27,866

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 300
City: Houston
State: TX
Zip: 77081
Last Updated: 04/12/2013

Legal Entity Name: AMERICA'S 1ST CHOICE HEALTH PLANS, INC.
Contract Number: H3421
Organization Marketing Name: America's 1st Choice Health Plans, Inc.
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: 3,701

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: 22223
Fax:
Email: AFCOPS@americas1stchoice.com
Address: 250 Berryhill Rd
Suite 311
City: Columbia
State: SC
Zip: 29210
Last Updated: 09/30/2013

Legal Entity Name: AMERICA'S 1ST CHOICE HEALTH PLANS, INC.
Contract Number: H4738
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: 386

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: 22223
Fax:
Email: AFCOPS@americas1stchoice.com
Address: 250 Berryhill Rd
Suite 311
City: Columbia
State: SC
Zip: 29210
Last Updated: 09/30/2013

Legal Entity Name: AMERICA'S 1ST CHOICE OF SOUTH CAROLINA, INC.
Contract Number: H8170
Organization Marketing Name: America's 1st Choice of South Carolina
Parent Organization: AmericaÆs 1st Choice of South Carolina, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 135

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: 22223
Fax:
Email: AFCOPS@americas1stchoice.com
Address: 250 Berryhill Rd
Suite 311
City: Columbia
State: SC
Zip: 29210
Last Updated: 01/15/2014

Legal Entity Name: AMERIGROUP COMMUNITY CARE OF NEW MEXICO, INC.
Contract Number: H5746
Organization Marketing Name: Amerigroup Community Care of New Mexico
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2008
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 2,368

Legal Entity Address: 6565 Americas Parkway NE
Suite 110
City: Alburquerque
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

Legal Entity Name: AMERIGROUP NEW JERSEY, INC.
Contract Number: H3240
Organization Marketing Name: Amerigroup Community Care
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2008
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 7,022

Legal Entity Address: 101 Wood Avenue South
Suite 800
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

Legal Entity Name: AMERIGROUP NEW YORK, LLC
Contract Number: H8417
Organization Marketing Name: HealthPlus Amerigroup
Parent Organization: Anthem Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 315

Legal Entity Address: 9 Pine Street
14th Floor
City: New York
State: NY
Zip: 10005

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: 02/06/2013

Legal Entity Name: AMERIGROUP TENNESSEE, INC.
Contract Number: H7200
Organization Marketing Name: Amerigroup
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2008
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 6,758

Legal Entity Address: 22 Century Boulevard
Suite 220
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

Legal Entity Name: AMERIGROUP TEXAS, INC.
Contract Number: H5817
Organization Marketing Name: Amerigroup
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2006
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 30,655

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, Suite 900
City: Tampa
State: FL
Zip: 33607
Last Updated: 02/06/2013

Legal Entity Name: AMERIGROUP TEXAS, INC.
Contract Number: H8786
Organization Marketing Name: Amerigroup
Parent Organization: Anthem Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 03/01/2015
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 13,153

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, Suite 900
City: Tampa
State: FL
Zip: 33607
Last Updated: 02/06/2013

Legal Entity Name: AMERIGROUP WASHINGTON, INC.
Contract Number: H1894
Organization Marketing Name: AMERIGROUP
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 1,119

Legal Entity Address: 705 5th Avenue South
Suite 300
City: Seattle
State: WA
Zip: 98104

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: 01/25/2013

Legal Entity Name: AMERIHEALTH HMO, INC.
Contract Number: H3156
Organization Marketing Name: AmeriHealth 65 Preferred HMO
Parent Organization: Independence Health Group, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/01/1995
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 18,567

Legal Entity Address: 1901 MARKET STREET
45 TH FLOOR
City: PHILADELPHIA
State: PA
Zip: 19103

Contact Title:
Name: Customer Service
Phone: 1-866-569-5190
Extension:
Fax:
Email: info@amerihealthmedicare.com
Address: PO Box 7799

City: Philadelphia
State: PA
Zip: 19101-7799
Last Updated: 04/29/2015

Legal Entity Name: AMERIHEALTH MICHIGAN, INC.
Contract Number: H0192
Organization Marketing Name: AmeriHealth Caritas VIP Care Plus
Parent Organization: Independence Blue Cross

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 05/01/2015
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 21

Legal Entity Address: 200 Stevens Drive

City: Philadelphia
State: PA
Zip: 19113

Contact Title: Director Medicare Customer Service
Name: Geoffrey Vitrano
Phone: 1-800-450-1166
Extension:
Fax:
Email: GVitrano@Amerihealthcaritas.com
Address: Amerihealth Caritas Family of Companies
200 Stevens Dr
City: Philadelphia
State: PA
Zip: 19113
Last Updated: 06/28/2013

Legal Entity Name: AMIDA CARE INC.
Contract Number: H6745
Organization Marketing Name: Amida Care
Parent Organization: Amida Care Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 341

Legal Entity Address: 14 Penn Plaza
2nd floor
City: New York
State: NY
Zip: 10122

Contact Title: Director Corporate Publications
Name: Carlos Molina
Phone: 1-646-757-7107
Extension:
Fax:
Email: cmolina@amidacareny.org
Address: 14 Penn Plaza, 225 West 34th Street
2nd floor
City: New York
State: NY
Zip: 10122
Last Updated: 11/21/2014

Legal Entity Name: ANTHEM BLUE CROSS LIFE AND HEALTH INS COMPANY
Contract Number: H8552
Organization Marketing Name: Anthem Blue Cross Life and Health Insurance Co.
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2012
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 12,646

Legal Entity Address: 21555 Oxnard Street

City: Woodland Hills
State: CA
Zip: 91367

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road

City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: ANTHEM HEALTH PLANS OF KENTUCKY, INC.
Contract Number: H1849
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/1998
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 6,049

Legal Entity Address: 13550 Triton Boulevard

City: Louisville
State: KY
Zip: 40223

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road

City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: ANTHEM HEALTH PLANS OF KENTUCKY, INC.
Contract Number: H5530
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2006
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 4,826

Legal Entity Address: 13550 Triton Boulevard

City: Louisville
State: KY
Zip: 40223

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road

City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: ANTHEM HEALTH PLANS OF MAINE, INC.
Contract Number: H6786
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 300

Legal Entity Address: 2 Gannett Drive

City: South Portland
State: ME
Zip: 041066911

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road

City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: ANTHEM HEALTH PLANS OF MAINE, INC.
Contract Number: H8432
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 1,249

Legal Entity Address: 2 Gannett Drive

City: South Portland
State: ME
Zip: 041066911

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road

City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: ANTHEM HEALTH PLANS OF NEW HAMPSHIRE, INC.
Contract Number: H7728
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 1,510

Legal Entity Address: 3000 Goffs Falls Road
City: Manchester
State: NH
Zip: 031110001

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road
City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: ANTHEM HEALTH PLANS OF VIRGINIA, INC.
Contract Number: H4909
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 07/01/2005
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 2,485

Legal Entity Address: 2015 Staples Mill Road
City: Richmond
State: VA
Zip: 23230

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road
City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: ANTHEM HEALTH PLANS, INC.
Contract Number: H2836
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2012
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 1,281

Legal Entity Address: 370 Bassett Road
City: North Haven
State: CT
Zip: 06473

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road
City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: ANTHEM HEALTH PLANS, INC.
Contract Number: H5854
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2007
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 3,418

Legal Entity Address: 370 Bassett Road
City: North Haven
State: CT
Zip: 06473

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road
City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC.
Contract Number: H1517
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2008
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 3,345

Legal Entity Address: 120 Monument Circle

City: Indianapolis
State: IN
Zip: 46204

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road

City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

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

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 08/01/2005
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 8,444

Legal Entity Address: 120 Monument Circle

City: Indianapolis
State: IN
Zip: 46204

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road

City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC.
Contract Number: H4036
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2008
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 1,465

Legal Entity Address: 120 Monument Circle

City: Indianapolis
State: IN
Zip: 46204

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road

City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC.
Contract Number: H9954
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 435

Legal Entity Address: 120 Monument Circle

City: Indianapolis
State: IN
Zip: 46204

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road

City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC.
Contract Number: R5941
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Anthem Inc.

Organization Type: Regional CCP
Plan Type: Regional PPO
Contract Effective Date: 01/01/2006
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 103,025

Legal Entity Address: 120 Monument Circle
City: Indianapolis
State: IN
Zip: 46204

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road
City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: APPALACHIAN AGENCY FOR SENIOR CITIZENS, INC.
Contract Number: H2386
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: 74

Legal Entity Address: P.O. Box 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

Legal Entity Name: ARCADIAN HEALTH PLAN, INC.
Contract Number: H5619
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: 7,354

Legal Entity Address: c/o Corporation Service Company, 300 Deschutes Way
Suite 304
City: Tumwater
State: WA
Zip: 98501

Contact Title:
Name: Pamela Wilson
Phone: 1-800-448-6262
Extension:
Fax:
Email: pwilson@humana.com
Address: 101 East Main Street
City: Louisville
State: KY
Zip: 40202
Last Updated: 05/07/2013

Legal Entity Name: ARIZONA PHYSICIANS IPA, INC.
Contract Number: H0321
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: 36,408

Legal Entity Address: 1 East Washington
Suite 900
City: Phoenix
State: AZ
Zip: 85004

Contact Title: Customer Service
Name: Great Lakes Health Plan
Phone: 1-888-903-7587
Extension:
Fax:
Email: jill_j_langenfeld@uhc.com
Address: 26957 Northwestern Hwy
Suite 400
City: Southfield
State: MI
Zip: 48033
Last Updated: 08/13/2014

Legal Entity Name: ARKANSAS SUPERIOR SELECT, INC.
Contract Number: H1587
Organization Marketing Name: Tribute Health Plan of Arkansas
Parent Organization: Select Founders, LLC

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 44

Legal Entity Address: 1401 West Capitol Ave, Suite 430

City: Little Rock
State: AR
Zip: 72201

Contact Title: Marketing & Education Director
Name: Doug Shackelford
Phone: 1-501-372-1922
Extension:
Fax: 1-501-372-1932
Email: dshackelford@tributehealthplans.com
Address: 1401 West Capitol Ave, Suite 430

City: Little Rock
State: AR
Zip: 72201
Last Updated: 03/04/2015

Legal Entity Name: ASPIRE HEALTH PLAN
Contract Number: H8764
Organization Marketing Name: Aspire Health Plan
Parent Organization: Community Hospital Foundation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 793

Legal Entity Address: 23625 Holman Highway

City: Monterey
State: CA
Zip: 93940

Contact Title: Director, Client Services
Name: Helen Stroub
Phone: 1-661-716-7208
Extension:
Fax: 1-661-716-9200
Email: hstroub@managedcaresystems.com
Address: 4550 California Avenue
Suite 100

City: Bakersfield
State: CA
Zip: 93309
Last Updated: 02/15/2013

Legal Entity Name: ASURIS NORTHWEST HEALTH
Contract Number: H5010
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: 1,404

Legal Entity Address: 200 SW Market St

City: Portland
State: OR
Zip: 97201

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

Legal Entity Name: ATLANTIS HEALTH PLAN, INC.
Contract Number: H9285
Organization Marketing Name: EASY CHOICE HEALTH PLAN OF NEW YORK
Parent Organization: America's 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: Atlanta
Enrollment: 515

Legal Entity Address: 80 Broad Street, 5th Floor

City: New York
State: NY
Zip: 10004

Contact Title:
Name: Michael Leon
Phone: 1-888-300-9320
Extension:
Fax:
Email: regulatorycompliance@easychoiceny.com
Address: 80 Broad Street
5th Floor

City: New York
State: NY
Zip: 10004
Last Updated: 01/13/2015

Legal Entity Name: ATRIO HEALTH PLANS
Contract Number: H3814
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: 2,170

Legal Entity Address: 2270 NW Aviation Drive

City: ROSEBURG
State: OR
Zip: 97470

Contact Title: VP Clincal and Operations
Name: Cynthia A Swanson
Phone: 1-971-209-4342
Extension:
Fax: 1-541-672-8670
Email: Cynthia.Swanson@atriohp.com
Address: 2270 NW Aviation Dr, Suite 3

City: Roseburg
State: OR
Zip: 97470
Last Updated: 12/20/2013

Legal Entity Name: ATRIO HEALTH PLANS
Contract Number: H5995
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: 3,085

Legal Entity Address: 2270 NW Aviation Drive, Suite 3

City: Roseburg
State: OR
Zip: 97470

Contact Title: VP Clincal and Operations
Name: Cynthia A Swanson
Phone: 1-971-209-4342
Extension:
Fax: 1-541-672-8670
Email: Cynthia.Swanson@atriohp.com
Address: 2270 NW Aviation Dr, Suite 3

City: Roseburg
State: OR
Zip: 97470
Last Updated: 12/20/2013

Legal Entity Name: ATRIO HEALTH PLANS
Contract Number: H6743
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: 7,031

Legal Entity Address: 2270 NW Aviation Way

City: Roseburg
State: OR
Zip: 97470

Contact Title: VP Clincal and Operations
Name: Cynthia A Swanson
Phone: 1-971-209-4342
Extension:
Fax: 1-541-672-8670
Email: Cynthia.Swanson@atriohp.com
Address: 2270 NW Aviation Dr, Suite 3

City: Roseburg
State: OR
Zip: 97470
Last Updated: 12/20/2013

Legal Entity Name: ATRIO HEALTH PLANS
Contract Number: H7006
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: 2,996

Legal Entity Address: 2270 NW Aviation Drive, Suite 3

City: Roseburg
State: OR
Zip: 97470

Contact Title: VP Clincal and Operations
Name: Cynthia A Swanson
Phone: 1-971-209-4342
Extension:
Fax: 1-541-672-8670
Email: Cynthia.Swanson@atriohp.com
Address: 2270 NW Aviation Dr, Suite 3

City: Roseburg
State: OR
Zip: 97470
Last Updated: 12/20/2013

Legal Entity Name: AULTCARE HEALTH INSURING CORPORATION
Contract Number: H3664
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: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 20,176

Legal Entity Address: 214 DARTMOUTH AVENUE SW
City: CANTON
State: OH
Zip: 44710

Contact Title:
Name: Denise Fogle
Phone: 1-330-363-7407
Extension:
Fax:
Email: dfogle@aultcare.com
Address: 214 Dartmouth Ave SW
City: Canton
State: OH
Zip: 44710
Last Updated: 07/22/2013

Legal Entity Name: AVMED, INC.
Contract Number: H1016
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: 30,906

Legal Entity Address: 4300 N.W. 89TH BLVD.
City: GAINESVILLE
State: FL
Zip: 32606

Contact Title: Manager, Medicare Compliance
Name: Jacqueline M Crews
Phone: 1-352-372-8400
Extension: 40832
Fax: 1-352-337-8551
Email: jackie.crews@avmed.org
Address: AvMed, Inc.
4300 NW 89 Blvd.
City: Gainesville
State: FL
Zip: 32606
Last Updated: 03/23/2015

Legal Entity Name: BCBS OF MASSACHUSETTS HMO BLUE, INC.
Contract Number: H2230
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: 28,621

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

Legal Entity Name: BCBS OF MASSACHUSETTS HMO BLUE, INC.
Contract Number: H2261
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: 10,688

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

Legal Entity Name: BCBS OF MICHIGAN MUTUAL INSURANCE COMPANY
Contract Number: H9572
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: 328,585

Legal Entity Address: 600 East Lafayette Blvd.

City: Detroit
State: MI
Zip: 48226

Contact Title:
Name: Corey Taliaferro
Phone: 1-866-309-1719
Extension:
Fax:
Email: ctaliaferro@bcbsm.com
Address: 600 East Lafayette Blvd.
0333
City: Detroit
State: MI
Zip: 48226
Last Updated: 11/13/2013

Legal Entity Name: BEHEALTHY AMERICA, INC.
Contract Number: H2758
Organization Marketing Name: BeHealthy America, Inc.
Parent Organization: BHSA Investors, LLC

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 830

Legal Entity Address: 6948 Professional Parkway East

City: Sarasota
State: FL
Zip: 34240

Contact Title: Compliance Officer
Name: Sylvia L Freeman
Phone: 1-941-556-0440
Extension:
Fax:
Email: sylviaf@behealthyus.com
Address: 6948 Professional Parkway East
City: Sarasota
State: FL
Zip: 34240
Last Updated: 04/18/2014

Legal Entity Name: BIENVIVIR SENIOR HEALTH SERVICES
Contract Number: H4518
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: 816

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

Legal Entity Name: BLUE CARE NETWORK OF MICHIGAN
Contract Number: H5883
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: 68,954

Legal Entity Address: 20500 Civic Center Drive

City: Southfield
State: MI
Zip: 48076

Contact Title: Manager, Provider Affairs
Name: Betty Jo Byers
Phone: 1-810-720-8575
Extension:
Fax:
Email: BByers1@bcbsm.com
Address: 4520 Linden Creek Parkway
B258
City: Flint
State: MI
Zip: 48507
Last Updated: 06/02/2015

Legal Entity Name: BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
Contract Number: H4152
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: 51,613

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: stephen.diluro@bcbsri.org
Address: 500 Exchange Street
City: Providence
State: RI
Zip: 02903
Last Updated: 04/17/2014

Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF ALABAMA
Contract Number: H0104
Organization Marketing Name: Blue Advantage (PPO)
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: 49,802

Legal Entity Address: 450 RIVERCHASE PARKWAY EAST
City: BIRMINGHAM
State: AL
Zip: 35244

Contact Title: Manager Claims Operations
Name: Jeff Corley
Phone: 1-800-517-6425
Extension:
Fax:
Email: OpsCompliance@bcbsal.org
Address: 450 Riverchase Parkway East
City: Birmingham
State: AL
Zip: 35244
Last Updated: 09/10/2013

Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
Contract Number: H5434
Organization Marketing Name: Florida Blue
Parent Organization: Guidewell Mutual Holding Corporation

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: 11,365

Legal Entity Address: 4800 DEERWOOD CAMPUS PARKWAY
City: JACKSONVILLE
State: FL
Zip: 32246

Contact Title: Senior Director Gvn Programs & Product Compliance
Name: Brendan Hodges
Phone: 1-800-810-2583
Extension:
Fax:
Email: brendan.hodges@floridablue.com
Address: 4800 Deerwood Campus Parkway
DCC Building 100, 7th Floor
City: Jacksonville
State: FL
Zip: 32246
Last Updated: 12/12/2014

Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
Contract Number: R3332
Organization Marketing Name: Florida Blue
Parent Organization: Guidewell Mutual Holding Corporation

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: 49,689

Legal Entity Address: 4800 Deerwood Campus Parkway
Bldg. 100 / 8th Floor
City: Jacksonville
State: FL
Zip: 32246

Contact Title: Senior Director Gvn Programs & Product Compliance
Name: Brendan Hodges
Phone: 1-800-810-2583
Extension:
Fax:
Email: brendan.hodges@floridablue.com
Address: 4800 Deerwood Campus Parkway
DCC Building 100, 7th Floor
City: Jacksonville
State: FL
Zip: 32246
Last Updated: 12/12/2014

Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF GEORGIA, INC.
Contract Number: H9947
Organization Marketing Name: Blue Cross Blue Shield of Georgia
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2012
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 2,703

Legal Entity Address: 3350 Peachtree Road NE

City: Atlanta
State: GA
Zip: 30326

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road

City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF MINNESOTA
Contract Number: H2461
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: 165,306

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

Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA
Contract Number: H3404
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: 50,627

Legal Entity Address: P.O Box 2291

City: Durham
State: NC
Zip: 277022291

Contact Title: Call Center support
Name: Member 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: 05/29/2014

Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA
Contract Number: H3449
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: 75,483

Legal Entity Address: P.O. Box 2291

City: Durham
State: NC
Zip: 277022291

Contact Title: Call Center support
Name: Member 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: 05/29/2014

Legal Entity Name: BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA
Contract Number: H5422
Organization Marketing Name: Blue Cross Blue Shield Healthcare Plan of Georgia
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2006
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 1,487

Legal Entity Address: 3350 Peachtree Road NE
City: Atlanta
State: GA
Zip: 30326

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road
City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

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

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 06/01/1993
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 12,651

Legal Entity Address: 21555 Oxnard Street
City: Woodland Hills
State: CA
Zip: 91367

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road
City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC.
Contract Number: H6229
Organization Marketing Name: Anthem Blue Cross Cal MediConnect
Parent Organization: Anthem Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 07/01/2014
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 8,795

Legal Entity Address: 120 S. Via Merida
Building 2
City: Thousand Oaks
State: CA
Zip: 91362

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road
City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: BLUE CROSS OF IDAHO CARE PLUS, INC.
Contract Number: H1302
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: 10,493

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: 02/07/2013

Legal Entity Name: BLUE CROSS OF IDAHO CARE PLUS, INC.
Contract Number: H1350
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: 22,513

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

Legal Entity Name: BLUE PLUS
Contract Number: H2425
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: 7,986

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

Legal Entity Name: BLUECROSS BLUESHIELD OF TENNESSEE, INC.
Contract Number: H7917
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: 90,364

Legal Entity Address: 1 Cameron Hill Circle

City: Chattanooga
State: TN
Zip: 37402

Contact Title: Supervisor Operations (QIP)
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: 01/10/2013

Legal Entity Name: BRAVO HEALTH MID-ATLANTIC, INC.
Contract Number: H2108
Organization Marketing Name: Cigna-HealthSpring
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: 20,824

Legal Entity Address: 3601 O'Donnell Street

City: BALTIMORE
State: MD
Zip: 21224

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002

City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: BRAVO HEALTH PENNSYLVANIA, INC.
Contract Number: H3949
Organization Marketing Name: Cigna-HealthSpring
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: 56,406

Legal Entity Address: 1500 Spring Garden Street, Suite 800
City: PHILADELPHIA
State: PA
Zip: 19130

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002
City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: BRIDGEWAY HEALTH SOLUTIONS
Contract Number: H5590
Organization Marketing Name: Bridgeway Health Solutions
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: 1,465

Legal Entity Address: 1501 West Fountainhead Parkway, #295
City: Tempe
State: AZ
Zip: 85282

Contact Title:
Name: Member Services
Phone: 1-877-935-8020
Extension:
Fax:
Email: mijones@centene.com
Address: 1501 W. Fountainhead Pwy
Suite 295
City: Tempe
State: AZ
Zip: 85282
Last Updated: 03/04/2015

Legal Entity Name: BUCKEYE COMMUNITY HEALTH PLAN, INC.
Contract Number: H0022
Organization Marketing Name: Buckeye Health Plan - MyCare Ohio
Parent Organization: Centene Corporation

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 05/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 10,503

Legal Entity Address: 4349 Easton Way, Suite 400
City: Columbus
State: OH
Zip: 43219

Contact Title:
Name: Member Services
Phone: 1-866-549-8289
Extension:
Fax:
Email: mijones@centene.com
Address: 175 South Third Street, Suite 1200
Suite 1200
City: Columbus
State: OH
Zip: 43215
Last Updated: 03/04/2015

Legal Entity Name: BUCKEYE COMMUNITY HEALTH PLAN, INC.
Contract Number: H0908
Organization Marketing Name: Buckeye 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: 1,026

Legal Entity Address: 4349 Easton Way, Suite 400
City: Columbus
State: OH
Zip: 43219

Contact Title:
Name: Member Services
Phone: 1-866-389-7690
Extension:
Fax:
Email: mijones@centene.com
Address: 175 South Third Street, Suite 1200
Suite 1200
City: Columbus
State: OH
Zip: 43215
Last Updated: 03/04/2015

Legal Entity Name: C AND O EMPLOYEES' HOSPITAL ASSOCIATION
Contract Number: H4906
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: 2,268

Legal Entity Address: 511 MAIN STREET, 2ND FLOOR

City: CLIFTON FORGE
State: VA
Zip: 24422

Contact Title: Medicare Dues Clerk
Name: Rodney Nicely
Phone: 1-800-679-9135
Extension:
Fax: 1-540-862-4958
Email: Rodney@coeha.com
Address: 511 Main Street, 2nd Floor

City: Clifton Forge
State: VA
Zip: 24422
Last Updated: 10/08/2012

Legal Entity Name: CALIFORNIA PHYSICIANS' SERVICE
Contract Number: H0504
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: 103,380

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

Legal Entity Name: CAPITAL ADVANTAGE INSURANCE COMPANY
Contract Number: H3923
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: 14,534

Legal Entity Address: 2500 ELMERTON AVENUE

City: HARRISBURG
State: PA
Zip: 17177

Contact Title: Customer Service Manager
Name: Barbara Keffer
Phone: 1-866-987-4213
Extension:
Fax: 1-717-651-4200
Email: barb.keffer@capbluecross.com
Address: 2500 Elmerton Avenue
P.O. Box 774135

City: Harrisburg
State: PA
Zip: 17177-4135
Last Updated: 03/07/2014

Legal Entity Name: CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.
Contract Number: H3388
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: 39,703

Legal Entity Address: 500 Patroon Creek Blvd

City: ALBANY
State: NY
Zip: 12206

Contact Title: Director, Medicare Operations and Compliance
Name: Elizabeth Loomis
Phone: 1-800-926-7526
Extension:
Fax:
Email: info@cdphp.com
Address: 500 Patroon Creek Blvd

City: Albany
State: NY
Zip: 12206
Last Updated: 06/19/2013

Legal Entity Name: CAPITAL HEALTH PLAN
Contract Number: H5938
Organization Marketing Name: Capital Health Plan
Parent Organization: Guidewell Mutual Holding Corporation

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: 17,250

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
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Address: P.O. Box 15349

City: Tallahassee
State: FL
Zip: 32317
Last Updated: 04/13/2009

Legal Entity Name: CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY
Contract Number: H0084
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: 26,290

Legal Entity Address: 351 West Camden Street
Suite 100
City: Baltimore
State: MD
Zip: 212012473

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: 04/24/2014

Legal Entity Name: CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY
Contract Number: R6801
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: 71,348

Legal Entity Address: 351 West Camden Street
Suite 100
City: Baltimore
State: MD
Zip: 21201

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: 04/24/2014

Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
Contract Number: H5322
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 4,904

Legal Entity Address: 351 W. Camden Street
Suite 100
City: Baltimore
State: MD
Zip: 21201

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: 02/18/2013

Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
Contract Number: H6528
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: 25,237

Legal Entity Address: 351 West Camden Street
Suite 100
City: Baltimore
State: MD
Zip: 212012473

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: 04/24/2014

Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
Contract Number: R3444
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: 57,243

Legal Entity Address: 351 West Camden Street
Suite 100
City: Baltimore
State: MD
Zip: 21201

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: 04/24/2014

Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
Contract Number: R9896
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: 165,059

Legal Entity Address: 351 West Camden Street
Suite 100
City: Baltimore
State: MD
Zip: 21201

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: 04/24/2014

Legal Entity Name: CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY
Contract Number: H0294
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: 7,013

Legal Entity Address: 351 West Camden Street
Suite 100
City: Baltimore
State: MD
Zip: 21201

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: 04/24/2014

Legal Entity Name: CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY
Contract Number: H3794
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 59

Legal Entity Address: 351 W. Camden Street
Suite 100
City: Baltimore
State: MD
Zip: 21201

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: 02/18/2013

Legal Entity Name: CARE N' CARE INSURANCE COMPANY, INC.
Contract Number: H2171
Organization Marketing Name: Care N' Care Insurance Company
Parent Organization: North Texas Specialty Physicians

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 97

Legal Entity Address: 1701 River Run
Suite 402
City: Fort Worth
State: TX
Zip: 76107

Contact Title: Director, Compliance & Government Programs
Name: Nakia Smith
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Address: 1701 River Run
Suite 402
City: Fort Worth
State: TX
Zip: 76107
Last Updated: 03/10/2015

Legal Entity Name: CARE N' CARE INSURANCE COMPANY, INC.
Contract Number: H6328
Organization Marketing Name: Care NÆ Care Insurance Company
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: 9,948

Legal Entity Address: 1701 River Run
Suite 402
City: Fort Worth
State: TX
Zip: 76107

Contact Title: Director, Compliance & Government Programs
Name: Nakia Smith
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Suite 402
City: Fort Worth
State: TX
Zip: 76107
Last Updated: 02/11/2015

Legal Entity Name: CARE RESOURCES
Contract Number: H5610
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: 189

Legal Entity Address: 1471 Grace Street SE
City: Grand Rapids
State: MI
Zip: 49506

Contact Title: Director of Claims
Name: Becky Haggerty
Phone: 1-616-913-3086
Extension:
Fax: 1-616-913-2005
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Address: 1471 Grace Street SE
City: Grand Rapids
State: MI
Zip: 49506
Last Updated: 02/04/2015

Legal Entity Name: CARE WISCONSIN HEALTH PLAN, INC.
Contract Number: H5209
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: 1,004

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: P.O. Box 14017

City: Madison
State: WI
Zip: 53708-0017
Last Updated: 05/18/2015

Legal Entity Name: CARE1ST HEALTH PLAN
Contract Number: H0148
Organization Marketing Name: Care1st Health Plan
Parent Organization: Care1st Health Plan

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 04/01/2014
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 10,673

Legal Entity Address: 601 Potrero Grande Drive

City: Monterey Park
State: CA
Zip: 917557407

Contact Title: V.P., Program Development
Name: Jamie Ueoka
Phone: 1-323-889-6638
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City: Monterey Park
State: CA
Zip: 91755
Last Updated: 03/05/2013

Legal Entity Name: CARE1ST HEALTH PLAN
Contract Number: H5928
Organization Marketing Name: Care1st Health 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: 52,612

Legal Entity Address: 601 Potrero Grande

City: Monterey Park
State: CA
Zip: 917557407

Contact Title: VP of Product Line Development
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City: Monterey Park
State: CA
Zip: 91755
Last Updated: 10/07/2014

Legal Entity Name: CAREMORE HEALTH PLAN
Contract Number: H0544
Organization Marketing Name: CareMore Health Plan
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 02/01/2003
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 50,932

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

Legal Entity Name: CAREMORE HEALTH PLAN OF ARIZONA, INC.
Contract Number: H2593
Organization Marketing Name: CareMore Health Plan of Arizona, Inc.
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2010
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 16,186

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
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Email: Lisa.Sarinana@Caremore.com
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Suite 150
City: Cerritos
State: CA
Zip: 90703
Last Updated: 10/25/2010

Legal Entity Name: CAREMORE HEALTH PLAN OF NEVADA
Contract Number: H4346
Organization Marketing Name: CareMore Health Plan of Nevada
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2010
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 6,150

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

Legal Entity Name: CAREPLUS HEALTH PLANS, INC.
Contract Number: H1019
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: 107,882

Legal Entity Address: 11430 NW 20th Street
Suite 300
City: Miami
State: FL
Zip: 33172

Contact Title:
Name: Pamela Wilson
Phone: 1-800-448-6262
Extension:
Fax:
Email: pwilson@humana.com
Address: 101 East Main Street
City: Louisville
State: KY
Zip: 40202
Last Updated: 05/07/2013

Legal Entity Name: CAREPOINT INSURANCE COMPANY
Contract Number: H5141
Organization Marketing Name: CarePoint Health Plans
Parent Organization: IJKG Opco LLC

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 6,958

Legal Entity Address: Harborside Financial Center
Plaza Ten, Suite 803
City: Jersey City
State: NJ
Zip: 07311

Contact Title: Manager, Regulatory and Compliance
Name: Travis Sutphin
Phone: 1-201-416-3703
Extension:
Fax: 1-732-384-2282
Email: tsutphin@carepoint.org
Address: Harborside Financial Center
Plaza 10 Suite 803
City: Jersey City
State: NJ
Zip: 07311
Last Updated: 02/13/2015

Legal Entity Name: CARESOURCE
Contract Number: H8452
Organization Marketing Name: CareSource MyCare Ohio
Parent Organization: CareSource Management Group Co.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 05/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 15,156

Legal Entity Address: 230 N. Main Street
City: Dayton
State: OH
Zip: 45402

Contact Title: Director, Marketing
Name: Tim Cloonan
Phone: 1-937-224-3300
Extension: 3920
Fax:
Email: Timothy.Cloonan@caresource.com
Address: P. O. Box 8738
City: Dayton
State: OH
Zip: 45401
Last Updated: 01/31/2014

Legal Entity Name: CARITEN HEALTH PLAN INC.
Contract Number: H4461
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: 106,574

Legal Entity Address: 2160 Lakeside Centre Way, Suite 200
City: Knoxville
State: TN
Zip: 37922

Contact Title:
Name: Pamela Wilson
Phone: 1-800-448-6262
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/07/2013

Legal Entity Name: CAROLINA SENIORCARE
Contract Number: H1357
Organization Marketing Name: Carolina SeniorCare
Parent Organization: United Church Homes and Services

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 10/01/2012
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 144

Legal Entity Address: 802 East Center Street
City: Lexington
State: NC
Zip: 27292

Contact Title: Executive Director
Name: Thomas Chang
Phone: 1-336-746-3500
Extension:
Fax: 1-336-746-3519
Email: tchang@uchas.org
Address: 802 East Center Street
City: Lexington
State: NC
Zip: 27292
Last Updated: 12/18/2013

Legal Entity Name: CATHOLIC HEALTH SYSTEM BUFFALO PACE
Contract Number: H1518
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: 188

Legal Entity Address: 55 Melroy Avenue
City: Lackawanna
State: NY
Zip: 14218

Contact Title: Executive Director
Name: John Beyer
Phone: 1-716-819-5101
Extension:
Fax:
Email: jbeyer@chsbuffalo.org
Address: 55 Melroy Avenue
City: Lackawanna
State: NY
Zip: 14218
Last Updated: 03/05/2015

Legal Entity Name: CATHOLIC MANAGED LONG TERM CARE, INC.
Contract Number: H4393
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: 346

Legal Entity Address: 1432 Fifth Avenue
City: New York
State: NY
Zip: 10035

Contact Title: Director of Quality Assurance
Name: Janet O'Connor
Phone: 1-646-289-7700
Extension:
Fax:
Email: jaoconnor@archcare.org
Address: 1432 Fifth Avenue
City: New York
State: NY
Zip: 10035
Last Updated: 05/05/2014

Legal Entity Name: CATHOLIC MANAGED LONG TERM CARE, INC.
Contract Number: H4740
Organization Marketing Name: ArchCare Community Advantage
Parent Organization: Catholic Health Care System

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: *

Legal Entity Address: 205 Lexington Avenue (3rd 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: 33 Irving Place
11th Floor
City: New York
State: NY
Zip: 10003
Last Updated: 05/15/2014

Legal Entity Name: CATHOLIC SPECIAL NEEDS PLAN, LLC
Contract Number: H1777
Organization Marketing Name: ArchCare Advantage
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: 1,592

Legal Entity Address: 205 Lexington Avenue
14th Floor
City: New York
State: NY
Zip: 10016

Contact Title: Director of Regulatory Compliance
Name: Victor Fama
Phone: 1-917-484-5055
Extension:
Fax: 1-646-794-1400
Email: vfama@archcare.org
Address: 33 Irving Place
11th Floor
City: New York
State: NY
Zip: 10003
Last Updated: 05/15/2014

Legal Entity Name: CDPHP UNIVERSAL BENEFITS, INC.
Contract Number: H5042
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: 7,357

Legal Entity Address: 500 Patroon Creek Blvd.
City: Albany
State: NY
Zip: 12206

Contact Title: Director, Medicare Operations and Compliance
Name: Elizabeth Loomis
Phone: 1-800-926-7526
Extension:
Fax:
Email: info@cdphp.com
Address: 500 Patroon Creek Blvd
City: Albany
State: NY
Zip: 12206
Last Updated: 06/19/2013

Legal Entity Name: CENTER FOR ELDERS INDEPENDENCE
Contract Number: H5405
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: 582

Legal Entity Address: 510-17th St., Suite 400

City: OAKLAND
State: CA
Zip: 94612

Contact Title: IT Manager
Name: Mohammed Moharram
Phone: 1-510-433-1160
Extension: 7103
Fax:
Email: mmoharram@cei.elders.org
Address: 510-17th St., Suite 400

City: Oakland
State: CA
Zip: 94612
Last Updated: 04/30/2013

Legal Entity Name: CENTER FOR SENIOR INDEPENDENCE
Contract Number: H2318
Organization Marketing Name: PACE Southeast Michigan
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: 359

Legal Entity Address: 7800 W. OUTER DRIVE, SUITE 240

City: DETROIT
State: MI
Zip: 48235

Contact Title: President & CEO
Name: Mary Naber
Phone: 1-313-543-6320
Extension:
Fax: 1-313-543-6222
Email: mary.naber@pacesemi.org
Address: 7800 W Outer Drive
Suite 240
City: Detroit
State: MI
Zip: 48235
Last Updated: 03/12/2015

Legal Entity Name: CENTERLIGHT HEALTHCARE, INC.
Contract Number: H3329
Organization Marketing Name: CenterLight Healthcare, Inc.
Parent Organization: CenterLight Health 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: 2,802

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
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Email: cneiman@centerlight.org
Address: 1250 Waters Place
Tower 1, Suite 602
City: Bronx
State: NY
Zip: 10461
Last Updated: 02/17/2015

Legal Entity Name: CENTERLIGHT HEALTHCARE, INC.
Contract Number: H5989
Organization Marketing Name: CenterLight Healthcare, Inc.
Parent Organization: CenterLight Health 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: 987

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

Legal Entity Name: CENTERLIGHT HEALTHCARE, INC.
Contract Number: H8420
Organization Marketing Name: CenterLight Healthcare
Parent Organization: CenterLight Health System, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 205

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: 02/05/2013

Legal Entity Name: CENTERS PLAN FOR HEALTHY LIVING, LLC
Contract Number: H3018
Organization Marketing Name: Centers Plan for FIDA Care Complete
Parent Organization: Centers Plan for Healthy Living, LLC

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 51

Legal Entity Address: 75 Vanderbilt Avenue
Suite 600
City: Staten Island
State: NY
Zip: 10304

Contact Title: Operations Director
Name: Omry Cohen
Phone: 1-718-215-7000
Extension: 3105
Fax:
Email: ocohen@centersplan.com
Address: 75 Vanderbilt avenue
suite 600
City: Staten Island
State: NY
Zip: 10304
Last Updated: 02/20/2014

Legal Entity Name: CENTERS PLAN FOR HEALTHY LIVING, LLC
Contract Number: H6988
Organization Marketing Name: Centers Plan for Healthy Living
Parent Organization: Centers Plan for Healthy Living, LLC

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 131

Legal Entity Address: 75 Vanderbilt Ave.
Suite 600
City: Staten Island
State: NY
Zip: 10304

Contact Title: Operations Director
Name: Omry Cohen
Phone: 1-718-215-7000
Extension: 3105
Fax:
Email: ocohen@centersplan.com
Address: 75 Vanderbilt avenue
suite 600
City: Staten Island
State: NY
Zip: 10304
Last Updated: 02/14/2014

Legal Entity Name: CENTRA HEALTH, INC.
Contract Number: H8096
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: 158

Legal Entity Address: 407 Federal Street
City: Lynchburg
State: VA
Zip: 24504

Contact Title: Centra PACE Program Director
Name: George C Graham
Phone: 1-434-200-6516
Extension:
Fax:
Email: george.graham@centrahealth.com
Address: 407 Federal Street
City: Lynchburg
State: VA
Zip: 24504
Last Updated: 07/08/2013

Legal Entity Name: CENTRAL HEALTH PLAN OF CALIFORNIA, INC.
Contract Number: H5649
Organization Marketing Name: Central Health Medicare Plan
Parent Organization: AHMC Central Health LLC

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2006
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 27,887

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

Legal Entity Name: CENTRAL VALLEY MEDICAL SERVICES CORPORATION
Contract Number: H9592
Organization Marketing Name: Fresno PACE
Parent Organization: Central Valley Medical Services Corporation

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 08/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 78

Legal Entity Address: 2042 Kern St.

City: Fresno
State: CA
Zip: 93721

Contact Title: Administrator
Name: Abe Marouf
Phone: 1-559-400-6422
Extension:
Fax: 1-877-641-0513
Email: gmarouf@cvmedicalservices.org
Address: 2042 Kern St.

City: Fresno
State: CA
Zip: 93721
Last Updated: 09/02/2014

Legal Entity Name: CHA HMO, INC.
Contract Number: H0028
Organization Marketing Name: CHA HMO, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Kansas City
Enrollment: 10,272

Legal Entity Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202

Contact Title:
Name: Pamela Wilson
Phone: 1-800-448-6262
Extension:
Fax:
Email: pwilson@humana.com
Address: 101 East Main Street

City: Louisville
State: KY
Zip: 40202
Last Updated: 05/07/2013

Legal Entity Name: CHARLOTTESVILLE AREA RETIREMENT SERVICES, INC.
Contract Number: H3473
Organization Marketing Name: Blue Ridge PACE
Parent Organization: Riverside Healthcare Association

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 03/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 51

Legal Entity Address: 439 Oriana Road Suite B

City: Newport News
State: VA
Zip: 23608

Contact Title: Business Manager
Name: Courtney Berg
Phone: 1-757-234-8433
Extension:
Fax: 1-757-369-5807
Email: courtney.berg@rivhs.com
Address: 439 Oriana Road Suite B

City: Newport News
State: VA
Zip: 23608
Last Updated: 12/16/2013

Legal Entity Name: CHEROKEE NATION COMPREHENSIVE CARE AGENCY
Contract Number: H4142
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: 132

Legal Entity Address: 1387 W 4th St.
City: Tahlequah
State: OK
Zip: 74464

Contact Title: Chief Financial Officer
Name: Thelma Pittman-Alderson
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: 05/12/2014

Legal Entity Name: CHINESE COMMUNITY HEALTH PLAN
Contract Number: H0571
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: 8,420

Legal Entity Address: 445 Grant Avenue
Suite 700
City: SAN FRANCISCO
State: CA
Zip: 94108

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 Name: CHRISTUS HEALTH PLAN
Contract Number: H1189
Organization Marketing Name: CHRISTUS Health Plan Generations
Parent Organization: CHRISTUS Health Plan

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Dallas
Enrollment: 73

Legal Entity Address: 919 Hidden Ridge
City: Irving
State: TX
Zip: 75038

Contact Title: Executive Director
Name: Anita Leal
Phone: 1-469-282-2585
Extension:
Fax:
Email: anita.leal@christushealth.org
Address: 919 Hidden Ridge
City: Irving
State: TX
Zip: 75038
Last Updated: 03/16/2015

Legal Entity Name: CIGNA HEALTH AND LIFE INSURANCE COMPANY
Contract Number: H3945
Organization Marketing Name: Cigna-HealthSpring
Parent Organization: CIGNA

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 1,534

Legal Entity Address: 900 Cottage Grove Rd
City: Bloomfield
State: CT
Zip: 06002

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002
City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: CIGNA HEALTHCARE OF ARIZONA, INC.
Contract Number: H0354
Organization Marketing Name: Cigna
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: 43,395

Legal Entity Address: 25500 N. Norterra Drive
Bldg B-Cigna Medicare Services
City: PHOENIX
State: AZ
Zip: 85085

Contact Title:
Name: Heather Dunn
Phone: 1-800-627-7534
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 42005

City: Phenix
State: AZ
Zip: 85080-2005
Last Updated: 02/06/2015

Legal Entity Name: CIGNA HEALTHCARE OF GEORGIA, INC.
Contract Number: H0439
Organization Marketing Name: Cigna-HealthSpring
Parent Organization: CIGNA

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 18,174

Legal Entity Address: Two Securities Center
3500 Piedmont Rd, Suite 2
City: Atlanta
State: GA
Zip: 30306

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002

City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: CIGNA HEALTHCARE OF NORTH CAROLINA, INC.
Contract Number: H9725
Organization Marketing Name: Cigna-Healthspring
Parent Organization: CIGNA

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 7,037

Legal Entity Address: 701 Corporate Center Dr
City: Raleigh
State: NC
Zip: 27607

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002

City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: CIGNA HEALTHCARE OF SOUTH CAROLINA, INC.
Contract Number: H7020
Organization Marketing Name: Cigna-Healthspring
Parent Organization: CIGNA

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 8,653

Legal Entity Address: 4000 Faber Place Dr.
Suite 220
City: Charleston
State: SC
Zip: 29405

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002

City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: CITIZENS CHOICE HEALTH PLAN
Contract Number: H3815
Organization Marketing Name: Citizens Choice Health Plan
Parent Organization: Alignment Healthcare USA, LLC

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 07/01/2005
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 19,358

Legal Entity Address: 1100 W. Town and Country Road
Suite 1600
City: Orange
State: CA
Zip: 92868

Contact Title: President
Name: Dawn Maroney
Phone: 1-657-218-7616
Extension:
Fax: 1-844-320-2247
Email: dmaroney@ahcusa.com
Address: 1100 W. Town and Country Road #1600
City: Orange
State: CA
Zip: 92868-4600
Last Updated: 12/02/2014

Legal Entity Name: CLEARRIVER HEALTH
Contract Number: H7903
Organization Marketing Name: ClearRiver Health
Parent Organization: Catholic Health Initiatives

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Denver
Enrollment: 270

Legal Entity Address: 2525 de Sales Ave
City: Chattanooga
State: TN
Zip: 37404

Contact Title: VP, Medicare Advantage Sales & Marketing
Name: Kim Heuss
Phone: 1-253-345-5555
Extension: 4305
Fax: 1-253-779-8829
Email: Kim.Heuss@prominencehealth.com
Address: 32129 Weyerhaeuser Way S., Suite 201
City: Federal Way
State: WA
Zip: 98001
Last Updated: 02/25/2015

Legal Entity Name: COLORADO ACCESS
Contract Number: H0621
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: 4,024

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

Legal Entity Name: COLORADO CHOICE HEALTH PLANS
Contract Number: H0657
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: 823

Legal Entity Address: 700 Main Street
Suite 100
City: Alamosa
State: CO
Zip: 81101

Contact Title: Compliance Analyst
Name: Manuela Heredia
Phone: 1-719-589-3696
Extension: 1783
Fax: 1-719-589-4901
Email: mheredia@cochoice.com
Address: 700 Main Street, Suite 100
City: Alamosa
State: CO
Zip: 81101
Last Updated: 09/18/2013

Legal Entity Name: COMMONWEALTH CARE ALLIANCE, INC.
Contract Number: H0137
Organization Marketing Name: Commonwealth Care Alliance, Inc.
Parent Organization: Commonwealth Care Alliance, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 10/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 10,330

Legal Entity Address: 30 Winter Street
12th Floor
City: Boston
State: MA
Zip: 02108

Contact Title: Sr. 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: 04/05/2013

Legal Entity Name: COMMONWEALTH CARE ALLIANCE, INC.
Contract Number: H2225
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: 6,423

Legal Entity Address: 30 WINTER STREET
City: BOSTON
State: MA
Zip: 02108

Contact Title: Sr. 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: 04/05/2013

Legal Entity Name: COMMUNITY CARE ALLIANCE OF ILLINOIS, NFP
Contract Number: H3071
Organization Marketing Name: Community Care Alliance of Illinois, NFP
Parent Organization: Family Health Network

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 1,595

Legal Entity Address: 322 S. Green Street
Suite 400
City: Chicago
State: IL
Zip: 60607

Contact Title: Manager, Operations
Name: Jason Huling
Phone: 1-855-275-2781
Extension:
Fax:
Email: jhuling@ccaillinois.com
Address: 322 S Green St, Ste 400

City: Chicago
State: IL
Zip: 60607
Last Updated: 09/30/2014

Legal Entity Name: COMMUNITY CARE HEALTH PLAN, INC.
Contract Number: H2034
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: 277

Legal Entity Address: 205 Bishops Way
City: Brookfield
State: WI
Zip: 53005

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

Legal Entity Name: COMMUNITY CARE HEALTH PLAN, INC.
Contract Number: H5207
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: 281

Legal Entity Address: 205 Bishops Way
City: Brookfield
State: WI
Zip: 53005

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

Legal Entity Name: COMMUNITY CARE HMO, INC
Contract Number: H3755
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: 29,091

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

Legal Entity Name: COMMUNITY CARE, INC.
Contract Number: H5212
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: 609

Legal Entity Address: 205 Bishops Way
City: Brookfield
State: WI
Zip: 53005

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

Legal Entity Name: COMMUNITY CAREPARTNERS, INC.
Contract Number: H6846
Organization Marketing Name: CarePartners PACE
Parent Organization: Mission Health

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 03/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 18

Legal Entity Address: 286 Overlook Road
City: Asheville
State: NC
Zip: 28803

Contact Title: Executive Director
Name: David Beijer
Phone: 1-828-274-9567
Extension:
Fax: 1-828-277-4856
Email: dbeijer@carepartners.org
Address: 68 Sweeten Creek Road
City: Asheville
State: NC
Zip: 28803
Last Updated: 02/07/2014

Legal Entity Name: COMMUNITY ELDERCARE OF SAN DIEGO
Contract Number: H5629
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: 386

Legal Entity Address: 111 Elm Street, Suite 100

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

Legal Entity Name: COMMUNITY HEALTH GROUP
Contract Number: H5172
Organization Marketing Name: Community Health Group
Parent Organization: Community Health Group

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 04/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 5,562

Legal Entity Address: 2420 FENTON STREET, SUITE 100

City: CHULA VISTA
State: CA
Zip: 91914

Contact Title: Chief of Reg. & Legal Affairs/Compliance Officer
Name: Ann Warren
Phone: 1-619-498-6516
Extension:
Fax: 1-619-422-5930
Email: awarre@chgsd.com
Address: 2420 Fenton Street Suite 100

City: Chula Vista
State: CA
Zip: 91914
Last Updated: 09/20/2013

Legal Entity Name: COMMUNITY HEALTH PLAN OF WASHINGTON
Contract Number: H5826
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: 16,675

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

Legal Entity Name: COMMUNITY INSURANCE COMPANY
Contract Number: H3655
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/01/1994
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 126,504

Legal Entity Address: 4361 Irwin Simpson Road

City: Mason
State: OH
Zip: 45040

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road

City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: COMPCARE HEALTH SERVICES INSURANCE CORPORATION
Contract Number: H9525
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 1,695

Legal Entity Address: N17 W24340 Riverwood
City: Waukesha
State: WI
Zip: 53188

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road
City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: COMPLETE SENIOR CARE, INC.
Contract Number: H8777
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: 107

Legal Entity Address: 1302 Main Street
City: Niagra Falls
State: NY
Zip: 14301

Contact Title: Enrollment/Marketing
Name: Virginia McAuliffe
Phone: 1-716-285-8248
Extension: 111
Fax:
Email: McAuliffe@completeseniorcare.org
Address: 1302 Main Street
City: Niagara Falls
State: NY
Zip: 14301
Last Updated: 02/19/2013

Legal Entity Name: COMPREHENSIVE SENIOR CARE CORPORATION
Contract Number: H1310
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: 259

Legal Entity Address: 200 W. Michigan Avenue
Suite 103
City: Battle Creek
State: MI
Zip: 49017

Contact Title: Chief Financial Officer/Interim CEO
Name: Alexandria Lueth
Phone: 1-269-441-9332
Extension:
Fax: 1-269-441-9329
Email: a.lueth@mycentracare.com
Address: 200 West Michigan Avenue
Suite 103
City: Battle Creek
State: MI
Zip: 49017
Last Updated: 01/31/2015

Legal Entity Name: CONNECTICARE, INC.
Contract Number: H3528
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: 61,025

Legal Entity Address: 175 Scott Swamp Road
City: Farmington
State: CT
Zip: 06032

Contact Title: Manager, Medicare Customer Service & Direct Mktg
Name: Brian Shoop
Phone: 1-877-224-8220
Extension:
Fax:
Email: bshoop@ConnectiCare.com
Address: 175 Scott Swamp Road
P.O. Box 4050
City: Farmington
State: CT
Zip: 06034-4050
Last Updated: 11/10/2014

Legal Entity Name: CONSOLIDATED ASSOC OF RAILROAD EMPLOYEES HC
Contract Number: H4556
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: 3,050

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

Legal Entity Name: CONSTELLATION HEALTH, LLC.
Contract Number: H3054
Organization Marketing Name: Constellation Health
Parent Organization: Constellation Health, LLC.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 5,088

Legal Entity Address: 1064 Ponce de Le≤n Avenue, Suite 500

City: San Juan
State: PR
Zip: 00907

Contact Title: Director of Operations
Name: Roxana Rosario
Phone: 1-866-714-0724
Extension:
Fax:
Email: rrosario@constellationhealth.com
Address: PO Box 360493

City: San Juan
State: PR
Zip: 00936
Last Updated: 05/12/2014

Legal Entity Name: CONSTELLATION HEALTH, LLC.
Contract Number: H4876
Organization Marketing Name: Constellation Health
Parent Organization: Constellation Health, LLC.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 133

Legal Entity Address: 1064 Ponce de Le≤n Avenue, Suite 500

City: San Juan
State: PR
Zip: 00907

Contact Title: Director of Operations
Name: Roxana Rosario
Phone: 1-866-714-0724
Extension:
Fax:
Email: rrosario@constellationhealth.com
Address: PO Box 360493

City: San Juan
State: PR
Zip: 00936
Last Updated: 05/12/2014

Legal Entity Name: CONSTELLATION HEALTH, LLC.
Contract Number: H8266
Organization Marketing Name: Constellation Health
Parent Organization: Constellation Health, LLC.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 1,822

Legal Entity Address: 1064 Ponce de Le≤n Ave, Suite 500

City: San Juan
State: PR
Zip: 00907

Contact Title: Director of Operations
Name: Roxana Rosario
Phone: 1-866-714-0724
Extension:
Fax:
Email: rrosario@constellationhealth.com
Address: PO Box 360493

City: San Juan
State: PR
Zip: 00936
Last Updated: 05/12/2014

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

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 07/01/2005
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 30,298

Legal Entity Address: 4320 114th Street

City: Urbandale
State: IA
Zip: 50322

Contact Title:
Name: Aetna Customer Service
Phone: 1-866-901-4692
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 11/26/2014

Legal Entity Name: COVENTRY HEALTH CARE OF ILLINOIS, INC.
Contract Number: H7301
Organization Marketing Name: Coventry Health Care of Illinois, Inc.
Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2008
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 15,526

Legal Entity Address: 2110 Fox Drive, Ste. A

City: Champaign
State: IL
Zip: 61820

Contact Title:
Name: Aetna Customer Service
Phone: 1-866-784-4916
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 11/26/2014

Legal Entity Name: COVENTRY HEALTH CARE OF IOWA, INC.
Contract Number: H1609
Organization Marketing Name: Coventry Health Care
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: Denver
Enrollment: 3,770

Legal Entity Address: 4320 114th Street

City: Urbandale
State: IA
Zip: 50322

Contact Title:
Name: Aetna Customer Service
Phone: 1-866-901-4692
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 11/26/2014

Legal Entity Name: COVENTRY HEALTH CARE OF KANSAS, INC.
Contract Number: H2672
Organization Marketing Name: Coventry Health Care
Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 05/01/1999
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 17,750

Legal Entity Address: 9401 Indian Creek Parkway Suite 1300

City: Overland Park
State: KS
Zip: 66210

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-727-9712
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 11/25/2014

Legal Entity Name: COVENTRY HEALTH CARE OF LOUISIANA, INC.
Contract Number: H3928
Organization Marketing Name: Coventry Health Care
Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 1,355

Legal Entity Address: 3838 N. Causeway Blvd
Suite 3350
City: Metairie
State: LA
Zip: 70002

Contact Title:
Name: Aetna Customer Service
Phone: 1-888-360-6626
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue
City: Hartford
State: CT
Zip: 06156
Last Updated: 11/25/2014

Legal Entity Name: COVENTRY HEALTH CARE OF MISSOURI, INC
Contract Number: H2663
Organization Marketing Name: Coventry Health Care of Missouri, Inc.
Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 11/01/1995
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 57,060

Legal Entity Address: 550 Maryville Centre Drive
Suite 300
City: St. Louis
State: MO
Zip: 631415818

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-533-0367
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue
City: Hartford
State: CT
Zip: 06156
Last Updated: 11/25/2014

Legal Entity Name: COVENTRY HEALTH CARE OF MISSOURI, INC
Contract Number: H2667
Organization Marketing Name: Coventry Health Care
Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 02/01/1997
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 19,499

Legal Entity Address: 550 Maryville Center Dr.
Suite 300
City: St. Louis
State: MO
Zip: 63141

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-533-0367
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue
City: Hartford
State: CT
Zip: 06156
Last Updated: 11/25/2014

Legal Entity Name: COVENTRY HEALTH CARE OF NEBRASKA, INC.
Contract Number: H7149
Organization Marketing Name: Coventry Health Care
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: Denver
Enrollment: 6,489

Legal Entity Address: 15950 West Dodge Road
City: Omaha
State: NE
Zip: 681184030

Contact Title:
Name: Aetna Customer Service
Phone: 1-866-901-4692
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue
City: Hartford
State: CT
Zip: 06156
Last Updated: 11/26/2014

Legal Entity Name: COVENTRY HEALTH CARE OF WEST VIRGINIA, INC.
Contract Number: H1692
Organization Marketing Name: Coventry Health Care
Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 3,304

Legal Entity Address: 500 Virginia St SE
Suite 400
City: Charleston
State: WV
Zip: 25301

Contact Title:
Name: Aetna Customer Service
Phone: 1-888-365-6052
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 11/26/2014

Legal Entity Name: CRESTPOINT HEALTH INSURANCE COMPANY
Contract Number: H0879
Organization Marketing Name: CrestPoint Health Insurance Company
Parent Organization: Mountain States Health Alliance

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 5,166

Legal Entity Address: 509 Med Tech Parkway
Suite 100
City: Johnson City
State: TN
Zip: 37604

Contact Title: VP, Chief Operations Officer
Name: Sylvia A Sherrill
Phone: 1-888-350-7537
Extension:
Fax:
Email: SherrillSA@msha.com
Address: 509 Med Tech Parkway
Suite 100
City: Johnson City
State: TN
Zip: 37604
Last Updated: 09/12/2014

Legal Entity Name: CUATRO LLC
Contract Number: H4866
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: 3,704

Legal Entity Address: 93-20 Roosevelt Avenue
Suite 3C
City: Jackson Heights
State: NY
Zip: 11372

Contact Title: Manager, Enrollment
Name: Shantel Valentin
Phone: 1-646-216-3050
Extension:
Fax:
Email: svalentin@accessmedicareny.com
Address: 5030 Broadway
Suite 664
City: New York
State: NY
Zip: 10034
Last Updated: 08/20/2014

Legal Entity Name: DEAN HEALTH PLAN, INC.
Contract Number: H5264
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: 24,485

Legal Entity Address: 1277 DEMING WAY
City: MADISON
State: WI
Zip: 53717

Contact Title: jamie.logsdon@deancare.com
Name: Jamie Logsdon
Phone: 1-608-827-4404
Extension:
Fax:
Email: jamie.logsdon@deancare.com
Address: 1277 Deming Way
City: Madison
State: WI
Zip: 53717
Last Updated: 07/08/2014

Legal Entity Name: DENVER HEALTH MEDICAL PLAN, INC.
Contract Number: H5608
Organization Marketing Name: Denver Health Medical Plan, Inc.
Parent Organization: Denver Health and 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: 4,289

Legal Entity Address: 777 Bannock Street
Mail Code 6000
City: Denver
State: CO
Zip: 80204

Contact Title: Government Product Specialist
Name: Diane Kirsch
Phone: 1-303-602-2021
Extension:
Fax: 1-303-602-2094
Email: diane.kirsch@dhha.org
Address: 777 Bannock Street
Mail Code 6000
City: Denver
State: CO
Zip: 80204
Last Updated: 04/25/2014

Legal Entity Name: EASY CHOICE HEALTH PLAN INC.
Contract Number: H5087
Organization Marketing Name: Easy Choice Health Plan
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: 33,265

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

Legal Entity Name: ELDER SVC PLAN OF THE CAMBRIDGE HEALTH ALLIANCE
Contract Number: H2221
Organization Marketing Name: Elder Srvc 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: 273

Legal Entity Address: 270 GREEN STREET
City: CAMBRIDGE
State: MA
Zip: 02139

Contact Title: Manager of Finance & Information Services
Name: Estenieau 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

Legal Entity Name: ELDER SVC PLN/E BOSTON HEALTH CENTER
Contract Number: H2223
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: 398

Legal Entity Address: 10 GOVE STREET
City: EAST BOSTON
State: MA
Zip: 02128

Contact Title:
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: 02/22/2013

Legal Entity Name: ELDERHAUS INC.
Contract Number: H3942
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: 103

Legal Entity Address: 2222 S. 17th St.

City: Wilmington
State: NC
Zip: 28401

Contact Title: CEO
Name: Rick Richards
Phone: 1-910-343-8209
Extension:
Fax: 1-910-343-8836
Email: rick.richards@elderhaus.com
Address: 2222 S. 17th St.

City: Wilmington
State: NC
Zip: 28401
Last Updated: 05/12/2014

Legal Entity Name: ELDERPLAN, INC.
Contract Number: H3347
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: 14,669

Legal Entity Address: 6323 SEVENTH AVENUE

City: BROOKLYN
State: NY
Zip: 112204711

Contact Title: Director of Customer Services
Name: Richard Rutherford
Phone: 1-718-921-7979
Extension:
Fax: 1-718-765-8885
Email: rrutherf@mjhs.org
Address: 745 64th Street

City: Brooklyn
State: NY
Zip: 11220
Last Updated: 11/11/2013

Legal Entity Name: ELDERPLAN, INC.
Contract Number: H8029
Organization Marketing Name: Edlerplan FIDA Total Care
Parent Organization: Elderplan, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 177

Legal Entity Address: 6323 Seventh Avenue

City: Brooklyn
State: NY
Zip: 11220

Contact Title: Director of Customer Services
Name: Richard Rutherford
Phone: 1-718-921-7979
Extension:
Fax: 1-718-921-8824
Email: rrutherf@mjhs.org
Address: 6323 Seventh Avenue

City: Brooklyn
State: NY
Zip: 11220
Last Updated: 10/24/2013

Legal Entity Name: ELDERSERVE HEALTH, INC.
Contract Number: H6435
Organization Marketing Name: RiverSpring FIDA Medicare-Medicaid Plan
Parent Organization: Riverspring Health Holding Corp.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 38

Legal Entity Address: 94 West 225th Street, 2nd floor

City: Bronx
State: NY
Zip: 10463

Contact Title:
Name: Provider Services
Phone: 1-855-511-8511
Extension:
Fax:
Email: joyce.wolchuk@elderservehealth.org
Address: 94 West 225th Street, 2nd floor

City: Bronx
State: NY
Zip: 10463
Last Updated: 04/08/2015

Legal Entity Name: ELEMENT CARE, INC.
Contract Number: H2222
Organization Marketing Name: Element Care, Inc
Parent Organization: Element 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: Boston
Enrollment: 875

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@elementcare.org
Address: 37 Friend Street

City: Lynn
State: MA
Zip: 01901
Last Updated: 06/30/2014

Legal Entity Name: EMPIRE HEALTHCHOICE ASSURANCE, INC.
Contract Number: H3342
Organization Marketing Name: Empire BlueCross BlueShield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 09/01/2005
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 44,461

Legal Entity Address: 1 Liberty Plaza
165 Broadway
City: New York
State: NY
Zip: 10006

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road

City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: EMPIRE HEALTHCHOICE HMO, INC.
Contract Number: H3370
Organization Marketing Name: Empire BlueCross BlueShield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 07/01/1996
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 63,119

Legal Entity Address: 1 Liberty Plaza
165 Broadway
City: New York
State: NY
Zip: 10006

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road

City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: ESSENCE HEALTHCARE, INC.
Contract Number: H2610
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: 51,990

Legal Entity Address: 13900 Riverport Drive

City: Maryland Heights
State: MO
Zip: 63043

Contact Title:
Name: Customer Service
Phone: 1-314-209-2700
Extension:
Fax: 1-314-770-6096
Email: customerservice@essencehealthcare.com
Address: 13900 Riverport Drive

City: Maryland Heights
State: MO
Zip: 63043
Last Updated: 12/29/2014

Legal Entity Name: EXCELLUS HEALTH PLAN, INC.
Contract Number: H3335
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: 46,076

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

Legal Entity Name: EXCELLUS HEALTH PLAN, INC.
Contract Number: H3351
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: 71,731

Legal Entity Address: 165 Court Street
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: 08/08/2010

Legal Entity Name: FALLON COMMUNITY HEALTH PLAN
Contract Number: H2219
Organization Marketing Name: Summit ElderCare or Fallon Health
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: 890

Legal Entity Address: 10 CHESTNUT STREET
City: WORCESTER
State: MA
Zip: 01608

Contact Title: Pace Business Consultant
Name: Elizabeth Sabourin
Phone: 1-508-368-9090
Extension:
Fax:
Email: Elizabeth.Sabourin@fchp.org
Address: One Chestnut Place
10 Chestnut Street
City: Worcester
State: MA
Zip: 01608
Last Updated: 02/11/2015

Legal Entity Name: FALLON COMMUNITY HEALTH PLAN
Contract Number: H2411
Organization Marketing Name: Fallon Health
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: 14

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

Legal Entity Name: FALLON COMMUNITY HEALTH PLAN
Contract Number: H9001
Organization Marketing Name: Fallon Health
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: 17,667

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

Legal Entity Name: FALLON HEALTH WEINBERG, INC
Contract Number: H2470
Organization Marketing Name: Fallon Health Weinberg
Parent Organization: Fallon Community Health Plan

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 23

Legal Entity Address: 461 John James Audubon Parkway
City: Amherst
State: NY
Zip: 14228

Contact Title:
Name: Customer Service
Phone: 1-716-810-1892
Extension:
Fax:
Email: contactcustomerservice@fallonweinberg.org
Address: 461 John James Audubon Parkway
City: Amherst
State: NY
Zip: 14228
Last Updated: 11/07/2014

Legal Entity Name: FALLON TOTAL CARE, INC.
Contract Number: H2005
Organization Marketing Name: Fallon Total Care or Fallon Health
Parent Organization: Fallon Community Health Plan

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 10/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 5,501

Legal Entity Address: 100 North Parkway
City: Worcester
State: MA
Zip: 01605

Contact Title:
Name: Customer Service
Phone: 1-508-368-9250
Extension: 69250
Fax:
Email: CustomerService@fallontotalcare.com
Address: One Chestnut Place
10 Chestnut Street
City: Worcester
State: MA
Zip: 01608
Last Updated: 09/20/2013

Legal Entity Name: FAMILYCARE HEALTH PLANS, INC.
Contract Number: H0840
Organization Marketing Name: FamilyCare Health Plans, Inc.
Parent Organization: FamilyCare Incorporated

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Seattle
Enrollment: 112

Legal Entity Address: 825 NE MULTNOMAH, SUITE 1400
City: PORTLAND
State: OR
Zip: 97232

Contact Title: Program Integrity Manager
Name: Johanna Watson
Phone: 1-503-471-5145
Extension:
Fax: 1-503-471-2195
Email: johannaw@familycareinc.org
Address: 825 NE Multnomah, Suite 1400
City: Portland
State: OR
Zip: 97232
Last Updated: 12/04/2014

Legal Entity Name: FAMILYCARE HEALTH PLANS, INC.
Contract Number: H3818
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: 3,497

Legal Entity Address: 825 NE MULTNOMAH, SUITE 1400

City: PORTLAND
State: OR
Zip: 97232

Contact Title: Program Integrity Manager
Name: Johanna Watson
Phone: 1-503-471-5145
Extension:
Fax: 1-503-471-2195
Email: johannaw@familycareinc.org
Address: 825 NE Multnomah, Suite 1400

City: Portland
State: OR
Zip: 97232
Last Updated: 12/04/2014

Legal Entity Name: FIDELIS SECURECARE OF MICHIGAN
Contract Number: H9487
Organization Marketing Name: Fidelis SecureCare of Michigan
Parent Organization: Centene Corporation

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 05/01/2015
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: *

Legal Entity Address: 20 North Martingale Road, Suite 180

City: Schaumburg
State: IL
Zip: 60173

Contact Title:
Name: Member Services
Phone: 1-877-372-8085
Extension:
Fax:
Email: CorporateMedicareComplianceDept@centene.com
Address: 7700 Forsyth Blvd

City: St. Louis
State: MO
Zip: 63105
Last Updated: 05/08/2015

Legal Entity Name: FIRSTCAROLINACARE INSURANCE COMPANY
Contract Number: H6306
Organization Marketing Name: FirstCarolinaCare Insurance Company
Parent Organization: FirstHealth of the Carolinas, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 4,072

Legal Entity Address: 42 Memorial Dr

City: Pinehurst
State: NC
Zip: 28374

Contact Title: Compliance Analyst
Name: Abiola Aluko
Phone: 1-888-350-7794
Extension:
Fax:
Email: aaluko@firstcarolinacare.com
Address: 42 Memorial Drive

City: Pinehurst
State: NC
Zip: 28374
Last Updated: 04/21/2015

Legal Entity Name: FIRSTCAROLINACARE INSURANCE COMPANY
Contract Number: H8064
Organization Marketing Name: FirstCarolinaCare Insurance Company
Parent Organization: FirstHealth of the Carolinas, Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 1,168

Legal Entity Address: 42 Memorial Dr

City: Pinehurst
State: NC
Zip: 28374

Contact Title: Compliance Analyst
Name: Abiola Aluko
Phone: 1-888-350-7794
Extension:
Fax:
Email: aaluko@firstcarolinacare.com
Address: 42 Memorial Drive

City: Pinehurst
State: NC
Zip: 28374
Last Updated: 04/21/2015

Legal Entity Name: FLORIDA HEALTH CARE PLAN, INC.
Contract Number: H1035
Organization Marketing Name: Florida Health Care Plan, Inc.
Parent Organization: Guidewell Mutual Holding Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 11/01/1985
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 13,162

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

Legal Entity Name: FLORIDA PACE CENTERS, INC.
Contract Number: H1043
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: 373

Legal Entity Address: 5200 NE 2ND AVENUE
City: MIAMI
State: FL
Zip: 33137

Contact Title: Senior Manager, Marketing
Name: Noemi Sanchez
Phone: 1-305-762-1388
Extension:
Fax:
Email: nsanchez@mjhha.org
Address: 5200 NE 2nd Avenue
City: Miami
State: FL
Zip: 33137
Last Updated: 05/13/2013

Legal Entity Name: FRANCISCAN ALLIANCE, INC.
Contract Number: H5124
Organization Marketing Name: Franciscan Senior Health & Wellness
Parent Organization: Franciscan Alliance, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: *

Legal Entity Address: 700 E. Southport Road
8325 Southport Road Ste. 120
City: Indianapolis
State: IN
Zip: 46227

Contact Title: Director of PACE
Name: Susan Waschevski
Phone: 1-317-782-8012
Extension:
Fax:
Email: Susan.Waschevski@franciscanalliance.org
Address: 700 East Southport Rd
City: Indianapolis
State: IN
Zip: 46227
Last Updated: 01/06/2014

Legal Entity Name: FRANCISCAN PACE, INC.
Contract Number: H6231
Organization Marketing Name: PACE Baton Rouge
Parent Organization: Franciscan Missionaries of Our Lady Health System

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: 165

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

Legal Entity Name: FREEDOM HEALTH, INC.
Contract Number: H5427
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: 63,201

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: cms@americas1stchoice.com
Address: 3707 W. Cherry Street
City: Tampa
State: FL
Zip: 33607
Last Updated: 02/19/2015

Legal Entity Name: GATEWAY HEALTH PLAN OF OHIO, INC.
Contract Number: H9190
Organization Marketing Name: Gateway Health Medicare Assured
Parent Organization: Gateway Health Plan, LP

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 5,724

Legal Entity Address: Four Gateway Center
444 Liberty Avenue, Suite 2100
City: Pittsburgh
State: PA
Zip: 15222

Contact Title:
Name: Gateway Health Plan
Phone: 1-800-685-5209
Extension:
Fax:
Email: medicareassured@gatewayhealthplan.com
Address: Four Gateway Center
444 Liberty Avenue, Suite 2100
City: Pittsburgh
State: PA
Zip: 15222
Last Updated: 04/23/2013

Legal Entity Name: GATEWAY HEALTH PLAN, INC.
Contract Number: H5932
Organization Marketing Name: Gateway Health Medicare Assured
Parent Organization: Gateway Health Plan, LP

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2006
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 49,385

Legal Entity Address: Four Gateway Center
444 Liberty Avenue, Suite 2100
City: Pittsburgh
State: PA
Zip: 15222

Contact Title:
Name: Gateway Health Plan
Phone: 1-800-685-5209
Extension:
Fax:
Email: medicareassured@gatewayhealthplan.com
Address: Four Gateway Center
444 Liberty Avenue, Suite 2100
City: Pittsburgh
State: PA
Zip: 15222
Last Updated: 04/23/2013

Legal Entity Name: GEISINGER COMMUNITY HEALTH SERVICES
Contract Number: H2064
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: 186

Legal Entity Address: 100 North Academy Avenue
MC 24-12
City: Danville
State: PA
Zip: 178222412

Contact Title: Director LIFE Geisinger
Name: Robert E McQuillan
Phone: 1-570-214-9790
Extension:
Fax: 1-570-214-9791
Email: remcquillan@geisinger.edu
Address: 100 North Academy Avenue
MC 24-12
City: Danville
State: PA
Zip: 17822-2412
Last Updated: 11/21/2012

Legal Entity Name: GEISINGER HEALTH PLAN
Contract Number: H3954
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: 68,254

Legal Entity Address: 100 NORTH ACADEMY AVENUE
City: DANVILLE
State: PA
Zip: 178223220

Contact Title: Geisinger Health Plan
Name: Customer Service
Phone: 1-570-498-9731
Extension:
Fax: 1-570-271-5871
Email: ghp_customer+service@thehealthplan.com
Address: 100 North Academy Avenue
City: Danville
State: PA
Zip: 17822-3229
Last Updated: 03/10/2015

Legal Entity Name: GEISINGER INDEMNITY INSURANCE COMPANY
Contract Number: H3924
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: 7,130

Legal Entity Address: 100 NORTH ACADEMY AVE.
City: DANVILLE
State: PA
Zip: 178223220

Contact Title: Geisinger Health Plan
Name: Customer Service
Phone: 1-570-498-9731
Extension:
Fax: 1-570-271-5871
Email: ghp_customer+service@thehealthplan.com
Address: 100 North Academy Avenue
City: Danville
State: PA
Zip: 17822-3229
Last Updated: 03/10/2015

Legal Entity Name: GEISINGER QUALITY OPTIONS, INC.
Contract Number: H9412
Organization Marketing Name: Geisinger Gold
Parent Organization: Geisinger Health System

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 764

Legal Entity Address: 100 North Academy Ave
City: Danville
State: PA
Zip: 17822

Contact Title: Geisinger Health Plan
Name: Customer Service
Phone: 1-570-498-9731
Extension:
Fax: 1-570-271-5871
Email: ghp_customer+service@thehealthplan.com
Address: 100 North Academy Avenue
City: Danville
State: PA
Zip: 17822-3229
Last Updated: 03/10/2015

Legal Entity Name: GEMCARE HEALTH PLAN INC.
Contract Number: H5609
Organization Marketing Name: Blue Shield of California
Parent Organization: California Physicians' Service

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2007
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 8,138

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

Legal Entity Name: GENERATIONS HEALTHCARE, INC.
Contract Number: H3706
Organization Marketing Name: Generations Healthcare
Parent Organization: Kinderhook Capital Fund III, L.P.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2004
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 5,666

Legal Entity Address: 701 NE 10th ST
Suite 300
City: Oklahoma City
State: OK
Zip: 73104

Contact Title: Vice President of Health Plan Operations
Name: David Thompson
Phone: 1-918-878-7306
Extension:
Fax: 1-918-878-7350
Email: David.Thompson@globalhealth.com
Address: 6120 S Yale Avenue
Suite 925
City: Tulsa
State: OK
Zip: 74136
Last Updated: 09/04/2014

Legal Entity Name: GHS HEALTH MAINTENANCE ORGANIZATION, INC.
Contract Number: H3979
Organization Marketing Name: Blue Cross Blue Shield of OK
Parent Organization: Health Care Service Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 3,378

Legal Entity Address: 1400 S Boston Ave
City: Tulsa
State: OK
Zip: 74119

Contact Title:
Name: Customer Service
Phone: 1-877-774-8592
Extension:
Fax:
Email: MedicareContractsOffice@bcbstx.com
Address: P.O. Box 4109
City: Scranton
State: PA
Zip: 18505
Last Updated: 02/12/2015

Legal Entity Name: GHS INSURANCE COMPANY
Contract Number: H8133
Organization Marketing Name: Blue Cross and Blue Shield of Texas
Parent Organization: Health Care Service Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 583

Legal Entity Address: 3817 Northwest Expressway
Suite 300
City: Oklahoma City
State: OK
Zip: 73112

Contact Title:
Name: Customer Service
Phone: 1-877-774-8592
Extension:
Fax:
Email: MedicareContractsOffice@bcbstx.com
Address: P.O. Box 4109
City: Scranton
State: PA
Zip: 18505
Last Updated: 02/12/2015

Legal Entity Name: GHS MANAGED HEALTH CARE PLANS, INC.
Contract Number: H6801
Organization Marketing Name: Blue Cross Blue Shield of Oklahoma
Parent Organization: Health Care Service Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2012
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 4,315

Legal Entity Address: 1400 S. Boston
City: Tulsa
State: OK
Zip: 74119

Contact Title:
Name: Customer Service
Phone: 1-866-796-5709
Extension:
Fax:
Email: MedicareContractsOffice@bcbstx.com
Address: P.O. Box 4109
City: Scranton
State: PA
Zip: 18505
Last Updated: 02/12/2015

Legal Entity Name: GLOBALHEALTH, INC.
Contract Number: H0435
Organization Marketing Name: GLOBALHEALTH MEDICARE
Parent Organization: Kinderhook Capital Fund III, L.P.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 1,124

Legal Entity Address: 701 NE 10th Street
Suite 300
City: Oklahoma City
State: OK
Zip: 731045403

Contact Title: Vice President of Health Plan Operations
Name: David Thompson
Phone: 1-918-878-7306
Extension:
Fax: 1-918-878-7350
Email: David.Thompson@globalhealth.com
Address: 6120 S Yale Avenue
Suite 925
City: Tulsa
State: OK
Zip: 74136
Last Updated: 04/02/2012

Legal Entity Name: GOLDEN STATE MEDICARE HEALTH PLAN
Contract Number: H2241
Organization Marketing Name: Golden State Medicare Health Plan
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: 3,398

Legal Entity Address: 3030 Old Ranch Pkwy
Suite 155
City: Seal Beach
State: CA
Zip: 90740

Contact Title: Enrollment Supervisor
Name: Martha Davis
Phone: 1-562-799-4210
Extension:
Fax: 1-562-799-0507
Email: mdavis@gsmhp.com
Address: 3030 Old Ranch Pkwy
Suite 155
City: Seal Beach
State: CA
Zip: 90740
Last Updated: 12/03/2014

Legal Entity Name: GROUP HEALTH COOPERATIVE
Contract Number: H5050
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: 82,996

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

Legal Entity Name: GROUP HEALTH INCORPORATED
Contract Number: H5528
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: 7,634

Legal Entity Address: 80 Wolf Road
6th Floor
City: Albany
State: NY
Zip: 12205

Contact Title: Director, Customer Service
Name: Heather Lacy
Phone: 1-800-447-8386
Extension:
Fax:
Email: HLacy@emblemhealth.com
Address: 3251 Hollywood Blvd
City: Hollywood
State: FL
Zip: 33021
Last Updated: 01/09/2015

Legal Entity Name: GROUP HEALTH PLAN, INC. (MN)
Contract Number: H2462
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: 48,698

Legal Entity Address: 8170 33rd Avenue South
PO Box 1309
City: MINNEAPOLIS
State: MN
Zip: 55425

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: 06/10/2013

Legal Entity Name: GUILDNET, INC.
Contract Number: H0811
Organization Marketing Name: GuildNet Gold Plus FIDA
Parent Organization: Lighthouse Guild International

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 717

Legal Entity Address: 15 W 65th Street
City: New York
State: NY
Zip: 10023

Contact Title: Assistant VP, Medicare Services
Name: Sandra Birnbaum
Phone: 1-800-815-0000
Extension:
Fax: 1-212-769-1621
Email: birnbaums@lighthouseguild.org
Address: 15 West 65th Street
City: New York
State: NY
Zip: 10023
Last Updated: 04/09/2015

Legal Entity Name: GUILDNET, INC.
Contract Number: H6864
Organization Marketing Name: GuildNet
Parent Organization: Lighthouse Guild International

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: 701

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@lighthouseguild.org
Address: 15 West 65th Street
City: New York
State: NY
Zip: 10023
Last Updated: 02/02/2015

Legal Entity Name: GUNDERSEN HEALTH PLAN
Contract Number: H5262
Organization Marketing Name: Gundersen 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: 14,251

Legal Entity Address: 1900 South Avenue
Mailstop NCA2-01
City: La Crosse
State: WI
Zip: 54601

Contact Title:
Name: Customer Service
Phone: 1-800-394-5566
Extension: 58077
Fax: 1-608-775-8091
Email: hpcustomerservice@gundersenhealth.org
Address: 1900 South Avenue
Mailstop: NCA2-01
City: La Crosse
State: WI
Zip: 54601
Last Updated: 04/19/2013

Legal Entity Name: GUNDERSEN HEALTH PLAN OF MINNESOTA
Contract Number: H9834
Organization Marketing Name: Gundersen Health Plan Minnesota
Parent Organization: Gundersen Lutheran Health System Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 648

Legal Entity Address: 1900 South Avenue
City: LaCrosse
State: WI
Zip: 54601

Contact Title:
Name: Customer Service
Phone: 1-800-394-5566
Extension: 58077
Fax: 1-608-775-8091
Email: hpcustomerservice@gundersenhealth.org
Address: 1900 South Avenue
Mailstop: NCA2-01
City: La Crosse
State: WI
Zip: 54601
Last Updated: 04/19/2013

Legal Entity Name: HAP MIDWEST HEALTH PLAN, INC.
Contract Number: H5685
Organization Marketing Name: HAP 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: 1,624

Legal Entity Address: 4700 Schaefer Road
Suite 340
City: Dearborn
State: MI
Zip: 48126

Contact Title: Compliance Manager
Name: Vicki Jueckstock
Phone: 1-313-827-5588
Extension:
Fax: 1-313-827-5694
Email: VJUECKSTOCK@MIDWESTHEALTHPLAN.COM
Address: 4700 SCHAEFER ROAD
Ste 340
City: DEARBORN
State: MI
Zip: 48126
Last Updated: 01/24/2014

Legal Entity Name: HAP MIDWEST HEALTH PLAN, INC.
Contract Number: H9712
Organization Marketing Name: HAP Midwest MI Health Link
Parent Organization: Henry Ford Health System

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 05/01/2015
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 303

Legal Entity Address: 4700 Schaefer Road
Ste. 340
City: Dearborn
State: MI
Zip: 48126

Contact Title: Compliance Manager
Name: Vicki Jueckstock
Phone: 1-313-827-5588
Extension:
Fax: 1-313-827-5694
Email: VJUECKSTOCK@MIDWESTHEALTHPLAN.COM
Address: 4700 SCHAEFER ROAD
Ste 340
City: DEARBORN
State: MI
Zip: 48126
Last Updated: 03/25/2014

Legal Entity Name: HARBOR HEALTH PLAN, INC.
Contract Number: H7960
Organization Marketing Name: Harbor Advantage
Parent Organization: Tenet Healthcare Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 107

Legal Entity Address: 3663 Woodward Avenue
Suite 120
City: Detroit
State: MI
Zip: 48201

Contact Title:
Name: Member Services
Phone: 1-800-543-0161
Extension:
Fax:
Email: info@harborhealthplan.com
Address: 3663 Woodward Avenue
Suite 120
City: Detroit
State: MI
Zip: 48201
Last Updated: 02/05/2015

Legal Entity Name: HARBOR HEALTH SERVICES, INC.
Contract Number: H2218
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: 435

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

Legal Entity Name: HARMONY HEALTH PLAN OF ILLINOIS, INC.
Contract Number: H1416
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: 15,221

Legal Entity Address: 125 SOUTH WACKER DRIVE SUITE 2600

City: CHICAGO
State: IL
Zip: 606064402

Contact Title:
Name: Website Inquiries
Phone: 1-888-888-9355
Extension:
Fax:
Email: contactus@wellcare.com
Address: 8735 Henderson Road, Ren 1, 3rd Floor

City: Tampa
State: FL
Zip: 33634
Last Updated: 09/19/2014

Legal Entity Name: HARVARD PILGRIM HEALTH CARE INC.
Contract Number: H1660
Organization Marketing Name: Harvard Pilgrim Health Care, Inc.
Parent Organization: Harvard Pilgrim Health Care, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 584

Legal Entity Address: 93 Worcester St

City: Wellesley
State: MA
Zip: 02481

Contact Title: Market Manager, Senior Programs
Name: Jonathan Holway
Phone: 1-617-509-3417
Extension:
Fax:
Email: jonathan_holway@harvardpilgrim.org
Address: 93 Worcester Street

City: Wellesley
State: MA
Zip: 02481
Last Updated: 07/21/2014

Legal Entity Name: HARVARD PILGRIM HEALTH CARE OF NEW ENGLAND, INC.
Contract Number: H6750
Organization Marketing Name: Harvard Pilgrim Health Care of New England, Inc.
Parent Organization: Harvard Pilgrim Health Care, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 1,396

Legal Entity Address: 93 Worcester St

City: Wellesley
State: MA
Zip: 02481

Contact Title: Market Manager, Senior Programs
Name: Jonathan Holway
Phone: 1-617-509-3417
Extension:
Fax:
Email: jonathan_holway@harvardpilgrim.org
Address: 93 Worcester Street

City: Wellesley
State: MA
Zip: 02481
Last Updated: 07/21/2014

Legal Entity Name: HAWAII MEDICAL SERVICE ASSOCIATION
Contract Number: H3832
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: 37,063

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: 5 - CR
5 - CR
City: Honolulu
State: HI
Zip: 96808
Last Updated: 12/08/2014

Legal Entity Name: HCSC INSURANCE SERVICES COMPANY
Contract Number: H1666
Organization Marketing Name: Blue Cross Blue Shield of Texas
Parent Organization: Health Care Service Corporation

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 7,817

Legal Entity Address: 300 E Randolph St

City: Chicago
State: IL
Zip: 60601

Contact Title:
Name: Customer Service
Phone: 1-877-774-8592
Extension:
Fax:
Email: MedicareContractsOffice@bcbstx.com
Address: P.O. Box 4109

City: Scranton
State: PA
Zip: 18505
Last Updated: 02/12/2015

Legal Entity Name: HEALTH ALLIANCE - MIDWEST, INC.
Contract Number: H1737
Organization Marketing Name: Health Alliance Medicare
Parent Organization: The Carle Foundation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 864

Legal Entity Address: 301 South Vine Street

City: Urbana
State: IL
Zip: 61801

Contact Title: Director Medicare Services
Name: Jennifer Marquardt
Phone: 1-877-917-8550
Extension:
Fax: 1-217-337-3425
Email: Jennifer.Marquardt@healthalliance.org
Address: 301 S. Vine St.

City: Urbana
State: IL
Zip: 61801
Last Updated: 02/24/2015

Legal Entity Name: HEALTH ALLIANCE - MIDWEST, INC.
Contract Number: H2591
Organization Marketing Name: Health Alliance Medicare
Parent Organization: The Carle Foundation

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 81

Legal Entity Address: 301 South Vine Street

City: Urbana
State: IL
Zip: 61801

Contact Title: Director edicare Services
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: 02/02/2015

Legal Entity Name: HEALTH ALLIANCE CONNECT, INC.
Contract Number: H9689
Organization Marketing Name: Health Alliance Connect
Parent Organization: The Carle Foundation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 115

Legal Entity Address: 301 South Vine Street
City: Urbana
State: IL
Zip: 61801

Contact Title: Director edicare Services
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: 02/02/2015

Legal Entity Name: HEALTH ALLIANCE MEDICAL PLANS
Contract Number: H0773
Organization Marketing Name: Health Alliance Connect
Parent Organization: The Carle Foundation

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 02/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 6,368

Legal Entity Address: 301 S. Vine Street
City: Urbana
State: IL
Zip: 618013347

Contact Title: Director Medicare Services
Name: Jennifer Marquardt
Phone: 1-866-951-0264
Extension:
Fax: 1-217-337-3425
Email: Jennifer.Marquardt@healthalliance.org
Address: 301 S. Vine St.
City: Urbana
State: IL
Zip: 61801
Last Updated: 02/24/2015

Legal Entity Name: HEALTH ALLIANCE MEDICAL PLANS
Contract Number: H1417
Organization Marketing Name: Health Alliance Medical Plans
Parent Organization: The Carle Foundation

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 05/01/2005
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 8,661

Legal Entity Address: 301 S Vine St
PO Box 6003
City: URBANA
State: IL
Zip: 61801

Contact Title: Director Medicare Services
Name: Jennifer Marquardt
Phone: 1-800-965-4022
Extension:
Fax: 1-217-337-3425
Email: Jennifer.Marquardt@healthalliance.org
Address: 301 S. Vine St.
City: Urbana
State: IL
Zip: 61801
Last Updated: 04/21/2015

Legal Entity Name: HEALTH ALLIANCE MEDICAL PLANS
Contract Number: H1463
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: 7,609

Legal Entity Address: 301 S Vine St
PO Box 6003
City: URBANA
State: IL
Zip: 618013477

Contact Title: Director Medicare Services
Name: Jennifer Marquardt
Phone: 1-800-965-4022
Extension:
Fax: 1-217-337-3425
Email: Jennifer.Marquardt@healthalliance.org
Address: 301 S. Vine St.
City: Urbana
State: IL
Zip: 61801
Last Updated: 02/24/2015

Legal Entity Name: HEALTH ALLIANCE NORTHWEST HEALTH PLAN, INC.
Contract Number: H3471
Organization Marketing Name: Health Alliance Medicare
Parent Organization: The Carle Foundation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 3,911

Legal Entity Address: 820 N Chelan Ave
PO Box 810
City: Wenatchee
State: WA
Zip: 98801

Contact Title: Director Medicare Services
Name: Jennifer Marquardt
Phone: 1-877-750-3350
Extension:
Fax: 1-217-337-3425
Email: Jennifer.Marquardt@healthalliance.org
Address: 301 S. Vine St.
City: Urbana
State: IL
Zip: 61801
Last Updated: 02/24/2015

Legal Entity Name: HEALTH ALLIANCE PLAN OF MICHIGAN
Contract Number: H2312
Organization Marketing Name: HAP Senior Plus
Parent Organization: Henry Ford Health System

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: 43,323

Legal Entity Address: 2850 W. GRAND BLVD.
City: DETROIT
State: MI
Zip: 48202

Contact Title: VP - Client Services
Name: Richard Chaney
Phone: 1-866-766-4661
Extension:
Fax:
Email: rchaney@hap.org
Address: 2850 W. Grand Blvd.
City: Detroit
State: MI
Zip: 48202
Last Updated: 07/22/2014

Legal Entity Name: HEALTH CARE SERVICE CORPORATION
Contract Number: H0107
Organization Marketing Name: Blue Cross and Blue Shield of Montana
Parent Organization: Health Care Service Corporation

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Dallas
Enrollment: 8,724

Legal Entity Address: 300 East Randolph
City: Chicago
State: IL
Zip: 60601

Contact Title:
Name: Customer Service
Phone: 1-877-774-8592
Extension:
Fax:
Email: MedicareContractsOffice@bcbstx.com
Address: P.O. Box 4109
City: Scranton
State: PA
Zip: 18505
Last Updated: 02/12/2015

Legal Entity Name: HEALTH CARE SERVICE CORPORATION
Contract Number: H0927
Organization Marketing Name: Blue Cross Community MMAI
Parent Organization: Health Care Service Corporation

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 02/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 12,521

Legal Entity Address: 300 E. Randolph
City: Chicago
State: IL
Zip: 60601

Contact Title:
Name: Customer Service
Phone: 1-877-774-8592
Extension:
Fax:
Email: MedicareContractsOffice@bcbstx.com
Address: P.O. Box 4109
City: Scranton
State: PA
Zip: 18505
Last Updated: 02/12/2015

Legal Entity Name: HEALTH CARE SERVICE CORPORATION
Contract Number: H3251
Organization Marketing Name: Lovelace Medicare Plan provided by BCBSNM
Parent Organization: Health Care Service Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 11/01/1993
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Dallas
Enrollment: 18,591

Legal Entity Address: 300 East Randolph
City: Chicago
State: IL
Zip: 60601

Contact Title:
Name: Customer Service
Phone: 1-877-895-6448
Extension:
Fax:
Email: MedicareContractsOffice@bcbstx.com
Address: P.O. Box 4109
City: Scranton
State: PA
Zip: 18505
Last Updated: 02/12/2015

Legal Entity Name: HEALTH CARE SERVICE CORPORATION
Contract Number: H3822
Organization Marketing Name: Blue Cross Blue Shield of IL, MT, NM
Parent Organization: Health Care Service Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Dallas
Enrollment: 23,437

Legal Entity Address: 300 E Randolph St
City: Chicago
State: IL
Zip: 60601

Contact Title:
Name: Customer Service
Phone: 1-877-774-8592
Extension:
Fax:
Email: MedicareContractsOffice@bcbstx.com
Address: P.O. Box 4109
City: Scranton
State: PA
Zip: 18505
Last Updated: 02/12/2015

Legal Entity Name: HEALTH CARE SERVICE CORPORATION
Contract Number: H8634
Organization Marketing Name: Blue Cross and Blue Shield of IL, NM, OK
Parent Organization: Health Care Service Corporation

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Dallas
Enrollment: 18,728

Legal Entity Address: 300 E. Randolph St
City: Chicago
State: IL
Zip: 60601

Contact Title:
Name: Customer Service
Phone: 1-877-774-8592
Extension:
Fax:
Email: MedicareContractsOffice@bcbstx.com
Address: P.O. Box 4109
City: Scranton
State: PA
Zip: 18505
Last Updated: 02/12/2015

Legal Entity Name: HEALTH CHOICE ARIZONA, INC.
Contract Number: H5587
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: 9,628

Legal Entity Address: 410 N 44th Street
Suite 510
City: Phoenix
State: AZ
Zip: 85008

Contact Title: Compliance Officer
Name: Jessica Meade
Phone: 1-800-656-8991
Extension: 4528
Fax: 1-480-784-2933
Email: jmeade@iasishealthcare.com
Address: 410 N 44th Street, Suite 510
City: Phoenix
State: AZ
Zip: 85008
Last Updated: 05/17/2013

Legal Entity Name: HEALTH FIRST HEALTH PLANS
Contract Number: H1099
Organization Marketing Name: Health First Health Plans, Inc.
Parent Organization: Health First, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 04/01/1997
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 29,675

Legal Entity Address: 6450 US HIGHWAY 1
City: ROCKLEDGE
State: FL
Zip: 329555747

Contact Title:
Name: Customer Service
Phone: 1-321-434-5665
Extension:
Fax:
Email: hfhpinfo@Health-First.org
Address: 6450 US Highway 1
City: Rockledge
State: FL
Zip: 32955
Last Updated: 09/11/2006

Legal Entity Name: HEALTH INSURANCE PLAN OF GREATER NEW YORK
Contract Number: H3314
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: 280

Legal Entity Address: 7 WEST 34TH STREET
City: NEW YORK
State: NY
Zip: 10001

Contact Title: Director, Customer Service
Name: Heather Lacy
Phone: 1-800-447-8386
Extension:
Fax:
Email: HLacy@emblemhealth.com
Address: 3251 Hollywood Blvd
City: Hollywood
State: FL
Zip: 33021
Last Updated: 01/09/2015

Legal Entity Name: HEALTH INSURANCE PLAN OF GREATER NEW YORK
Contract Number: H3330
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: 115,825

Legal Entity Address: 55 Water Street
City: NEW YORK
State: NY
Zip: 10041

Contact Title: Director, Customer Service
Name: Heather Lacy
Phone: 1-800-447-8386
Extension:
Fax:
Email: HLacy@emblemhealth.com
Address: 3251 Hollywood Blvd
City: Hollywood
State: FL
Zip: 33021
Last Updated: 01/09/2015

Legal Entity Name: HEALTH INSURANCE PLAN OF GREATER NEW YORK
Contract Number: H6263
Organization Marketing Name: EmblemHealth FIDA
Parent Organization: EmblemHealth, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 24

Legal Entity Address: 55 Water Street
City: New York
State: NY
Zip: 10041

Contact Title: Director, Customer Service
Name: Robin Callahan
Phone: 1-800-447-8386
Extension:
Fax:
Email: RCallahan@emblemhealth.com
Address: 395 North Service Road
City: Melville
State: NY
Zip: 11747
Last Updated: 01/09/2015

Legal Entity Name: HEALTH NET COMMUNITY SOLUTIONS, INC.
Contract Number: H3237
Organization Marketing Name: Health Net Cal MediConnect Medicare Medicaid Plan
Parent Organization: Health Net, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 04/01/2014
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 29,693

Legal Entity Address: 11971 Foundation Place
City: Rancho Cordova
State: CA
Zip: 95670

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: 04/20/2012

Legal Entity Name: HEALTH NET HEALTH PLAN OF OREGON
Contract Number: H6815
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: 23,830

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: 02/03/2010

Legal Entity Name: HEALTH NET LIFE INSURANCE COMPANY
Contract Number: H5439
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: 1,256

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

Legal Entity Name: HEALTH NET LIFE INSURANCE COMPANY
Contract Number: H5520
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: 39,069

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

Legal Entity Name: HEALTH NET OF ARIZONA, INC.
Contract Number: H0351
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: 38,596

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

Legal Entity Name: HEALTH NET OF CALIFORNIA,INC.
Contract Number: H0562
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: 165,812

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

Legal Entity Name: HEALTH NEW ENGLAND, INC.
Contract Number: H8578
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: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 8,609

Legal Entity Address: One Monarch Place
Suite 1500
City: Springfield
State: MA
Zip: 01144

Contact Title: Director of Government Programs
Name: Susan O'Connor
Phone: 1-413-233-3352
Extension:
Fax: 1-413-233-3352
Email: soconnor@hne.com
Address: Health New England, Inc.
One Monarch Place, Suite 1500
City: Springfield
State: MA
Zip: 01144
Last Updated: 05/19/2015

Legal Entity Name: HEALTH OPTIONS, INC.
Contract Number: H1026
Organization Marketing Name: Florida Blue HMO
Parent Organization: Guidewell Mutual Holding Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 08/01/1986
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 61,234

Legal Entity Address: 4800 Deerwood Campus Parkway
Building 100 / 8th Floor
City: Jacksonville
State: FL
Zip: 32246

Contact Title: Senior Director Gvn Programs & Product Compliance
Name: Brendan Hodges
Phone: 1-800-810-2583
Extension:
Fax:
Email: brendan.hodges@floridablue.com
Address: 4800 Deerwood Campus Parkway
DCC Building 100, 7th Floor
City: Jacksonville
State: FL
Zip: 32246
Last Updated: 12/12/2014

Legal Entity Name: HEALTH PARTNERS PLANS, INC.
Contract Number: H9207
Organization Marketing Name: Health Partners Medicare
Parent Organization: Health Partners Plans, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 11,892

Legal Entity Address: 901 Market St
Suite 500
City: Philadelphia
State: PA
Zip: 19107

Contact Title:
Name: HPP Medicare
Phone: 1-866-901-8000
Extension:
Fax:
Email: contact@hpplans.com
Address: 901 Market Street
Suite 500
City: Philadelphia
State: PA
Zip: 19107
Last Updated: 04/14/2015

Legal Entity Name: HEALTH PLAN OF CAREOREGON, INC.
Contract Number: H5859
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: Not-for-Profit/Non-Profit
CMS Region Responsible: Seattle
Enrollment: 11,423

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

Legal Entity Name: HEALTH PLAN OF NEVADA, INC.
Contract Number: H2931
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: 50,719

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

Legal Entity Name: HEALTH PLAN OF THE UPPER OHIO VALLEY
Contract Number: H3672
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: 5,234

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

Legal Entity Name: HEALTHAMERICA PENNSYLVANIA, INC.
Contract Number: H3959
Organization Marketing Name: HealthAmerica
Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/1996
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 69,896

Legal Entity Address: 11 Stanwix Street

City: Pittsburgh
State: PA
Zip: 15222

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-290-0190
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 11/26/2014

Legal Entity Name: HEALTHASSURANCE PENNSYLVANIA, INC.
Contract Number: H5522
Organization Marketing Name: HealthAmerica
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: Denver
Enrollment: 72,631

Legal Entity Address: 11 Stanwix Street

City: Pittsburgh
State: PA
Zip: 15222

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-290-0190
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 11/26/2014

Legal Entity Name: HEALTHKEEPERS, INC.
Contract Number: H0147
Organization Marketing Name: Anthem HealthKeepers
Parent Organization: Anthem Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 04/01/2014
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 10,753

Legal Entity Address: 2015 Staples Mill Road

City: Richmond
State: VA
Zip: 23230

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road

City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: HEALTHKEEPERS, INC.
Contract Number: H3447
Organization Marketing Name: Anthem HealthKeepers
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 2,595

Legal Entity Address: 2015 Staples Mill Road

City: Richmond
State: VA
Zip: 23230

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road

City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: HEALTHNOW NEW YORK INC.
Contract Number: H3384
Organization Marketing Name: BCBS of WNY/BS of NENY/HealthNow New York Inc.
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: 23,711

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

Legal Entity Name: HEALTHNOW NEW YORK INC.
Contract Number: H5526
Organization Marketing Name: BCBS of WNY/BS of NENY/HealthNow New York Inc.
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: 18,830

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

Legal Entity Name: HEALTHPARTNERS, INC.
Contract Number: H2422
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: 3,161

Legal Entity Address: 8170 33rd AVENUE SOUTH
P.O. Box 1309
City: Minneapolis
State: MN
Zip: 55425

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: 06/10/2013

Legal Entity Name: HEALTHPLUS OF MICHIGAN
Contract Number: H2354
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: 20,422

Legal Entity Address: 2050 S. Linden Road
P.O. BOX 1700
City: FLINT
State: MI
Zip: 485011700

Contact Title:
Name: Customer Service
Phone: 1-800-332-9161
Extension:
Fax: 1-810-496-8440
Email: customerservice@healthplus.org
Address: 2050 S. Linden Road
City: Flint
State: MI
Zip: 48532
Last Updated: 10/04/2013

Legal Entity Name: HEALTHSPAN INTEGRATED CARE
Contract Number: H6298
Organization Marketing Name: HealthSpan
Parent Organization: Catholic Health Partners

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 1,967

Legal Entity Address: 1001 Lakeside Ave
Suite 1200
City: Cleveland
State: OH
Zip: 44114

Contact Title: Manager, Medicare Marketing
Name: Aaron Morrow
Phone: 1-216-479-5995
Extension:
Fax:
Email: admorrow@healthspan.org
Address: North Point Tower, Suite 1200
1001 Lakeside Avenue
City: Cleveland
State: OH
Zip: 44114-1153
Last Updated: 02/13/2014

Legal Entity Name: HEALTHSPAN INTEGRATED CARE
Contract Number: H6360
Organization Marketing Name: HealthSpan
Parent Organization: Catholic Health Partners

Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 01/01/1987
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 13,421

Legal Entity Address: North Point Tower, Suite 1200
1001 Lakeside Avenue
City: CLEVELAND
State: OH
Zip: 441141153

Contact Title: Manager, Medicare Marketing
Name: Aaron Morrow
Phone: 1-216-479-5995
Extension:
Fax:
Email: admorrow@healthspan.org
Address: North Point Tower, Suite 1200
1001 Lakeside Avenue
City: Cleveland
State: OH
Zip: 44114-1153
Last Updated: 11/15/2013

Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
Contract Number: H2165
Organization Marketing Name: Cigna-HealthSpring
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: 6,358

Legal Entity Address: 2900 NORTH LOOP WEST
SUITE 1300
City: HOUSTON
State: TX
Zip: 77092

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002
City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
Contract Number: H2676
Organization Marketing Name: Cigna-HealthSpring
Parent Organization: CIGNA

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 361

Legal Entity Address: 2900 North Loop West
Suite 1300
City: Houston
State: TX
Zip: 77092

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002
City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
Contract Number: H4513
Organization Marketing Name: Cigna-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: 87,571

Legal Entity Address: 2900 NORTH LOOP WEST
Suite 1300
City: HOUSTON
State: TX
Zip: 77092

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002

City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
Contract Number: H4528
Organization Marketing Name: Cigna-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: 8,502

Legal Entity Address: 2900 N Loop West
Suite 1300
City: Houston
State: TX
Zip: 77092

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002

City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
Contract Number: H6972
Organization Marketing Name: Cigna-HealthSpring
Parent Organization: CIGNA

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 1,553

Legal Entity Address: 2900 North loop West
Suite 1300
City: Houston
State: TX
Zip: 77092

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002

City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
Contract Number: H7787
Organization Marketing Name: Cigna-HealthSpring
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: 5,128

Legal Entity Address: 2900 North Loop West
Suite 1300
City: Houston
State: TX
Zip: 77092

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002

City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
Contract Number: H8423
Organization Marketing Name: Cigna-HealthSpring
Parent Organization: CIGNA

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 03/01/2015
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 2,282

Legal Entity Address: 2900 N Loop West
Suite 1300
City: Houston
State: TX
Zip: 77092

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002

City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING OF ALABAMA, INC.
Contract Number: H0150
Organization Marketing Name: Cigna-HealthSpring
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: 53,209

Legal Entity Address: 2 Chase Corporate Drive
Ste 300
City: Hoover
State: AL
Zip: 35244

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002

City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING OF FLORIDA
Contract Number: H5410
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: 50,612

Legal Entity Address: 8600 NW 41st Street
Suite 201
City: DORAL
State: FL
Zip: 33166

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002

City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC.
Contract Number: H1415
Organization Marketing Name: Cigna-HealthSpring
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: 17,893

Legal Entity Address: 9701 W Higgins Road
SUITE 360
City: Rosemont
State: IL
Zip: 60018

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002

City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC.
Contract Number: H4407
Organization Marketing Name: Cigna-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: 8,344

Legal Entity Address: 530 Great Circle Road
City: Nashville
State: TN
Zip: 37228

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002
City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC.
Contract Number: H4454
Organization Marketing Name: Cigna-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: 90,961

Legal Entity Address: 530 Great Circle Road
City: Nashville
State: TN
Zip: 37228

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002
City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC.
Contract Number: H6751
Organization Marketing Name: Cigna-HealthSpring CarePlan of Illinois
Parent Organization: CIGNA

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 02/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 8,195

Legal Entity Address: 9701 West Higgins Road
Suite 360
City: Rosemont
State: IL
Zip: 60018

Contact Title:
Name: Wendy Wetzel
Phone: 1-800-668-3813
Extension:
Fax:
Email: letushelpyou@healthspring.com
Address: PO Box 20002
City: Nashville
State: TN
Zip: 37202
Last Updated: 02/06/2015

Legal Entity Name: HEALTHSUN HEALTH PLANS, INC.
Contract Number: H5431
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: 28,237

Legal Entity Address: 3250 Mary Street, Suite 400
City: Coconut Grove
State: FL
Zip: 33133

Contact Title: Sr. Vice President Operations and BI
Name: Scott Griesemer
Phone: 1-305-234-9292
Extension: 215
Fax: 1-305-444-9148
Email: cms_technical@healthsun.com
Address: 3250 Mary Street, Suite 500
City: Coconut Grove
State: FL
Zip: 33133
Last Updated: 03/02/2015

Legal Entity Name: HEARTLANDPLAINS HEALTH
Contract Number: H3765
Organization Marketing Name: HeartlandPlains Health
Parent Organization: Catholic Health Initiatives

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Denver
Enrollment: 495

Legal Entity Address: 7261 Mercy Rd
City: Omaha
State: NE
Zip: 68124

Contact Title: VP, Medicare Advantage Sales & Marketing
Name: Kim Heuss
Phone: 1-253-345-5555
Extension: 4305
Fax: 1-253-779-8829
Email: Kim.Heuss@prominencehealth.com
Address: 32129 Weyerhaeuser Way S., Suite 201
City: Federal Way
State: WA
Zip: 98001
Last Updated: 02/25/2015

Legal Entity Name: HIGHMARK SENIOR HEALTH COMPANY
Contract Number: H3916
Organization Marketing Name: Highmark Senior Health Company
Parent Organization: Highmark Health

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: 174,015

Legal Entity Address: 120 FIFTH AVENUE
City: PITTSBURGH
State: PA
Zip: 15222

Contact Title: VP, Sr. Markets 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: 11/30/2012

Legal Entity Name: HIGHMARK SENIOR SOLUTIONS COMPANY
Contract Number: H5106
Organization Marketing Name: Highmark Senior Solutions Company
Parent Organization: Highmark 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: Philadelphia
Enrollment: 6,954

Legal Entity Address: 614 Market Street
City: Parkersburg
State: WV
Zip: 26101

Contact Title: VP, Sr. Markets 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: 11/30/2012

Legal Entity Name: HMO MISSOURI, INC.
Contract Number: H9886
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 1,704

Legal Entity Address: 1831 Chestnut Street
City: St. Louis
State: MO
Zip: 63103

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road
City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: HMO PARTNERS, INC.
Contract Number: H9699
Organization Marketing Name: Health Advantage
Parent Organization: USAble Mutual Insurance Company

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 496

Legal Entity Address: 320 West Capitol

City: Little Rock
State: AR
Zip: 72203

Contact Title: Manager Medicare Operations
Name: Kathryn Thornhill
Phone: 1-501-379-2787
Extension:
Fax: 1-501-379-2703
Email: kathornhill@arkbluecross.com
Address: 320 W. Capitol, Suite 400

City: Little Rock
State: AR
Zip: 72203
Last Updated: 05/18/2015

Legal Entity Name: HOMETOWN HEALTH PLAN, INC.
Contract Number: H2906
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: 3,978

Legal Entity Address: 830 HARVARD WAY

City: RENO
State: NV
Zip: 89502

Contact Title: Senior Care Plus Manager
Name: CJ Bawden
Phone: 1-775-982-3218
Extension:
Fax: 1-775-982-3743
Email: cbawden@hometownhealth.com
Address: 830 Harvard Way

City: Reno
State: NV
Zip: 89502
Last Updated: 05/19/2015

Legal Entity Name: HOMETOWN HEALTH PLAN, INC.
Contract Number: H2960
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: 13,715

Legal Entity Address: 830 Harvard Way

City: RENO
State: NV
Zip: 89502

Contact Title: Senior Care Plus Manager
Name: CJ Bawden
Phone: 1-775-982-3218
Extension:
Fax: 1-775-982-3743
Email: cbawden@hometownhealth.com
Address: 830 Harvard Way

City: Reno
State: NV
Zip: 89502
Last Updated: 05/19/2015

Legal Entity Name: HOPE HOSPICE AND COMMUNITY SERVICES, INC.
Contract Number: H5934
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: 248

Legal Entity Address: 9470 HealthPark Circle

City: Fort Myers
State: FL
Zip: 33908

Contact Title: Business Analyst
Name: Ron Burris
Phone: 1-239-218-5361
Extension:
Fax: 1-239-985-6411
Email: ron.burris@hopehcs.org
Address: 9470 HealthPark Circle

City: Ft. Myers
State: FL
Zip: 33908
Last Updated: 05/14/2014

Legal Entity Name: HORIZON HEALTHCARE OF NEW JERSEY, INC.
Contract Number: H3154
Organization Marketing Name: Horizon Blue Cross Blue Shield of New Jersey
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: 25,697

Legal Entity Address: 3 PENN PLAZA EAST
City: NEWARK
State: NJ
Zip: 07105

Contact Title: Manager, Service Operations
Name: Lillian Amabile
Phone: 1-800-365-2223
Extension:
Fax:
Email: lillian_amabile@horizonblue.com
Address: 3 Penn Plaza East, PP-12L
City: Newark
State: NJ
Zip: 07105
Last Updated: 09/10/2014

Legal Entity Name: HORIZON HEALTHCARE OF NEW JERSEY, INC.
Contract Number: H7971
Organization Marketing Name: Horizon Blue Cross Blue Shield of New Jersey
Parent Organization: Horizon Healthcare Services, Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 238

Legal Entity Address: 3 Penn Plaza East
City: Newark
State: NJ
Zip: 071052200

Contact Title: Manager, Service Operations
Name: Lillian Amabile
Phone: 1-800-365-2223
Extension:
Fax:
Email: lillian_amabile@horizonblue.com
Address: 3 Penn Plaza East, PP-12L
City: Newark
State: NJ
Zip: 07105
Last Updated: 09/10/2014

Legal Entity Name: HUMANA BENEFIT PLAN OF ILLINOIS, INC.
Contract Number: H1468
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: 6,293

Legal Entity Address: 7915 N. Hale Avenue
Suite D
City: Peoria
State: IL
Zip: 61615

Contact Title:
Name: Pamela Wilson
Phone: 1-800-448-6262
Extension:
Fax:
Email: pwilson@humana.com
Address: 101 East Main Street
City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA BENEFIT PLAN OF ILLINOIS, INC.
Contract Number: H5525
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: 55,562

Legal Entity Address: 7915 N. Hale Avenue
Suite D
City: Peoria
State: IL
Zip: 61615

Contact Title:
Name: Pamela Wilson
Phone: 1-800-448-6262
Extension:
Fax:
Email: pwilson@humana.com
Address: 101 East Main Street
City: Louisville
State: KY
Zip: 40202
Last Updated: 05/07/2013

Legal Entity Name: HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.
Contract Number: H4141
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: 36,850

Legal Entity Address: 900 Ashwood Parkway
Suite 500
City: Atlanta
State: GA
Zip: 30338

Contact Title:
Name: Pamela Wilson
Phone: 1-800-448-6262
Extension:
Fax:
Email: pwilson@humana.com
Address: 101 East Main Street
City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.
Contract Number: H1951
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: 125,493

Legal Entity Address: 1 Galleria Boulevard., Suite 850
City: Metairie
State: LA
Zip: 70001

Contact Title:
Name: Pamela Wilson
Phone: 1-800-448-6262
Extension:
Fax:
Email: pwilson@humana.com
Address: 101 East Main Street
City: Louisville
State: KY
Zip: 40202
Last Updated: 05/07/2013

Legal Entity Name: HUMANA HEALTH COMPANY OF NEW YORK, INC.
Contract Number: H3533
Organization Marketing Name: Humana Health Company 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: 4,438

Legal Entity Address: 845 Third Avenue, 7th Floor
City: New York
State: NY
Zip: 10022

Contact Title:
Name: Pamela Wilson
Phone: 1-800-448-6262
Extension:
Fax:
Email: pwilson@humana.com
Address: 101 East Main Street
City: Louisville
State: KY
Zip: 40202
Last Updated: 05/07/2013

Legal Entity Name: HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.
Contract Number: H5415
Organization Marketing Name: Humana Health Insurance Company of Florida, 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: 14,955

Legal Entity Address: 3501 SW 160th Avenue
City: Miramar
State: FL
Zip: 33027

Contact Title:
Name: Pamela Wilson
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Address: 101 East Main Street
City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA HEALTH PLAN OF OHIO, INC.
Contract Number: H8953
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: 40,865

Legal Entity Address: 640 Eden Park Drive
City: Cincinnati
State: OH
Zip: 452026056

Contact Title:
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/07/2013

Legal Entity Name: HUMANA HEALTH PLAN, INC.
Contract Number: H0336
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 02/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 7,481

Legal Entity Address: 321 West Main Street
12th Floor
City: Louisville
State: KY
Zip: 40202

Contact Title:
Name: Pamela Wilson
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Address: 101 East Main Street
City: Louisville
State: KY
Zip: 40202
Last Updated: 05/07/2013

Legal Entity Name: HUMANA HEALTH PLAN, INC.
Contract Number: H1406
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: 48,676

Legal Entity Address: 321 West Main Street, 12th Floor
City: Louisville
State: KY
Zip: 40202

Contact Title:
Name: Pamela Wilson
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Address: 101 East Main Street
City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA HEALTH PLAN, INC.
Contract Number: H2012
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: 196,180

Legal Entity Address: 321 West Main Street, 12th Floor
City: Louisville
State: KY
Zip: 40202

Contact Title:
Name: Pamela Wilson
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Address: 101 East Main Street
City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA HEALTH PLAN, INC.
Contract Number: H2649
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: 135,681

Legal Entity Address: 321 West Main Street, 12th Floor

City: Louisville
State: KY
Zip: 40202

Contact Title:
Name: Pamela Wilson
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Fax:
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Address: 101 East Main Street

City: Louisville
State: KY
Zip: 40202
Last Updated: 05/07/2013

Legal Entity Name: HUMANA HEALTH PLAN, INC.
Contract Number: H2949
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: 41,981

Legal Entity Address: 321 West Main Street, 12th Floor

City: Louisville
State: KY
Zip: 40202

Contact Title:
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA HEALTH PLAN, INC.
Contract Number: H3480
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 04/01/2014
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 9,421

Legal Entity Address: 321 West Main Street, 12th Floor

City: Louisville
State: KY
Zip: 40202

Contact Title:
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/07/2013

Legal Entity Name: HUMANA HEALTH PLANS OF PUERTO RICO, INC.
Contract Number: H4007
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: 49,052

Legal Entity Address: 383 F.D. Roosevelt Avenue, 3rd Floor

City: San Juan
State: PR
Zip: 00918

Contact Title:
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE COMPANY
Contract Number: H1418
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: 12,165

Legal Entity Address: 1100 Employers Boulevard

City: DePere
State: WI
Zip: 54115

Contact Title:
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE COMPANY
Contract Number: H1510
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: 42,064

Legal Entity Address: 1100 Employers Boulevard

City: DePere
State: WI
Zip: 54115

Contact Title:
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE COMPANY
Contract Number: H1716
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: 13,269

Legal Entity Address: 1100 Employers Boulevard

City: DePere
State: WI
Zip: 54115

Contact Title:
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE COMPANY
Contract Number: H2944
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: 19,035

Legal Entity Address: 1100 EMPLOYERS BLVD

City: DePERE
State: WI
Zip: 54115

Contact Title:
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE COMPANY
Contract Number: H5216
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: 33,681

Legal Entity Address: 1100 Employers Boulevard

City: DePere
State: WI
Zip: 54115

Contact Title:
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Email: pwilson@humana.com
Address: 101 East Main Street

City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE COMPANY
Contract Number: H6609
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: 788,231

Legal Entity Address: 1100 EMPLOYERS BLVD

City: DePERE
State: WI
Zip: 54115

Contact Title:
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE COMPANY
Contract Number: H8145
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: 140,960

Legal Entity Address: 1100 Employers Blvd.

City: DePere
State: WI
Zip: 54115

Contact Title:
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Fax:
Email: pwilson@humana.com
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE COMPANY
Contract Number: R5826
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: 500,212

Legal Entity Address: 1100 Employers Boulevard

City: DePere
State: WI
Zip: 54115

Contact Title:
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Email: pwilson@humana.com
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE COMPANY OF NEW YORK
Contract Number: H1291
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: 316

Legal Entity Address: 845 Third Avenue
7th Floor
City: New York
State: NY
Zip: 10022

Contact Title:
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE COMPANY OF NEW YORK
Contract Number: H5970
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: 9,017

Legal Entity Address: 845 Third Avenue
7th Floor
City: New York
State: NY
Zip: 10022

Contact Title:
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/07/2013

Legal Entity Name: HUMANA INSURANCE OF PUERTO RICO, INC.
Contract Number: H2029
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: 1,809

Legal Entity Address: 383 F.D. Roosevelt Avenue
3rd Floor
City: San Juan
State: PR
Zip: 00918

Contact Title:
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Address: 101 East Main Street

City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA MEDICAL PLAN OF MICHIGAN, INC.
Contract Number: H8908
Organization Marketing Name: Humana Medical Plan of Michigan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Kansas City
Enrollment: 2,439

Legal Entity Address: 5555 Glenwood Hills Pkwy
Suite 150
City: Grand Rapids
State: MI
Zip: 49512

Contact Title:
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.
Contract Number: H6859
Organization Marketing Name: Humana Medical Plan of Pennsylvania, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Kansas City
Enrollment: 3,840

Legal Entity Address: 5000 Ritter Rd
Suite 101
City: Mechanicsburg
State: PA
Zip: 17055

Contact Title:
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Fax:
Email: pwilson@humana.com
Address: 101 East Main Street

City: Louisville
State: KY
Zip: 40202
Last Updated: 05/07/2013

Legal Entity Name: HUMANA MEDICAL PLAN OF UTAH, INC.
Contract Number: H2486
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: 5,664

Legal Entity Address: 9815 South Monroe Street
Suite 300
City: Sandy
State: UT
Zip: 84070

Contact Title:
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Address: 101 East Main Street

City: Louisville
State: KY
Zip: 40202
Last Updated: 05/07/2013

Legal Entity Name: HUMANA MEDICAL PLAN, INC.
Contract Number: H1036
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: 426,648

Legal Entity Address: 3501 SW 160th Avenue
City: Miramar
State: FL
Zip: 33027

Contact Title:
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA REGIONAL HEALTH PLAN, INC.
Contract Number: H4145
Organization Marketing Name: Humana Regional Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Kansas City
Enrollment: 2,216

Legal Entity Address: 300 Spring Building, Suite 900
300 S Spring Street
City: Little Rock
State: AR
Zip: 72201

Contact Title:
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/07/2013

Legal Entity Name: HUMANA WI HEALTH ORGANIZATION INSURANCE CORP
Contract Number: H6622
Organization Marketing Name: Humana WI Health 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: 38,550

Legal Entity Address: Two Riverwood Place
N19W24133 Riverwood Drive, Suite 300
City: Waukesha
State: WI
Zip: 531881145

Contact Title:
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City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMBOLDT SENIOR RESOURCE CENTER, INC.
Contract Number: H3517
Organization Marketing Name: Redwood Coast PACE
Parent Organization: Humboldt Senior Resource Center, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 09/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 42

Legal Entity Address: 1910 California Street
City: Eureka
State: CA
Zip: 95501

Contact Title: Director of Communication and Marketing
Name: Rene Arche
Phone: 1-707-443-9747
Extension: 1256
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Address: 1910 California Street
City: Eureka
State: CA
Zip: 95501
Last Updated: 12/20/2013

Legal Entity Name: IEHP HEALTH ACCESS
Contract Number: H5355
Organization Marketing Name: IEHP DualChoice
Parent Organization: INLAND EMPIRE HEALTH PLAN

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 04/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 22,588

Legal Entity Address: 10801 Sixth Street, Suite #120
City: Rancho Cucamonga
State: CA
Zip: 91730

Contact Title: Member Services
Name: Member Services
Phone: 1-877-273-4347
Extension:
Fax: 1-909-890-5877
Email: member_services@IEHP.org
Address: 10801 Sixth Street, Suite #120
City: Rancho Cucamonga
State: CA
Zip: 91730
Last Updated: 08/22/2013

Legal Entity Name: IEHP HEALTH ACCESS
Contract Number: H5640
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: 1,159

Legal Entity Address: 10801 Sixth Street, Suite #120
City: Rancho Cucamonga
State: CA
Zip: 91730

Contact Title: Member Services
Name: Member Services
Phone: 1-877-273-4347
Extension:
Fax: 1-909-890-5877
Email: member_services@IEHP.org
Address: 10801 Sixth Street, Suite #120
City: Rancho Cucamonga
State: CA
Zip: 91730
Last Updated: 08/22/2013

Legal Entity Name: ILLINICARE HEALTH PLAN
Contract Number: H0281
Organization Marketing Name: IlliniCare Health
Parent Organization: Centene Corporation

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 02/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 1,364

Legal Entity Address: 999 Oakmont Plaza Drive
City: Westmont
State: IL
Zip: 60559

Contact Title:
Name: Member Services
Phone: 1-877-941-0482
Extension:
Fax:
Email: mijones@centene.com
Address: 999 Oakmont Plaza Drive
City: Westmont
State: IL
Zip: 60559
Last Updated: 03/04/2015

Legal Entity Name: INDEPENDENCE CARE SYSTEM, INC.
Contract Number: H4465
Organization Marketing Name: ICS Community Care Plus FIDA MMP
Parent Organization: Paraprofessional Healthcare Institute

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 245

Legal Entity Address: 257 Park Avenue South
2nd Floor
City: New York
State: NY
Zip: 10010

Contact Title: VP, Communications/Community Relations
Name: Loreen Loonie
Phone: 1-212-584-2548
Extension:
Fax: 1-212-584-2555
Email: loonie@icsny.org
Address: 257 Park Avenue South
City: New York
State: NY
Zip: 10010
Last Updated: 07/24/2013

Legal Entity Name: INDEPENDENT CARE HEALTH PLAN, INC.
Contract Number: H2237
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: 5,988

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

Legal Entity Name: INDEPENDENT HEALTH ASSOCIATION, INC.
Contract Number: H3362
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: 90,272

Legal Entity Address: 511 FARBER LAKES DRIVE
City: BUFFALO
State: NY
Zip: 14221

Contact Title:
Name: Member Services
Phone: 1-800-665-1502
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Fax:
Email: wnyms@independenthealth.com
Address: 511 Farber Lakes Drive
City: Buffalo
State: NY
Zip: 14221
Last Updated: 01/08/2008

Legal Entity Name: INDEPENDENT HEALTH BENEFITS CORPORATION
Contract Number: H3344
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: 3,811

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

Legal Entity Name: INDEPENDENT LIVING FOR SENIORS, INC.
Contract Number: H3331
Organization Marketing Name: ElderONE
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: 629

Legal Entity Address: 2066 HUDSON AVENUE

City: ROCHESTER
State: NY
Zip: 14617

Contact Title: Executive Director
Name: Jill Graziano
Phone: 1-585-922-2808
Extension:
Fax: 1-585-922-2864
Email: Jill.Graziano@rochesterregional.org
Address: 490 E. Ridge Road

City: Rochester
State: NY
Zip: 14621
Last Updated: 04/15/2015

Legal Entity Name: INDEPENDENT LIVING SRVCS OF CENTRAL NY
Contract Number: H3321
Organization Marketing Name: Independent Living Srvcs 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: 484

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

Legal Entity Name: INDIANA UNIVERSITY HEALTH PLANS, INC.
Contract Number: H7220
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: 11,858

Legal Entity Address: 950 N. Meridian Street, Suite 200

City: Indianapolis
State: IN
Zip: 46204

Contact Title: Director, Customer Solutions Center
Name: Trina Gibson
Phone: 1-317-963-9700
Extension:
Fax:
Email: tgibson2@iuhealth.org
Address: 950 N. Meridian Street
Suite 200

City: Indianapolis
State: IN
Zip: 46204
Last Updated: 12/11/2013

Legal Entity Name: INOVACARES
Contract Number: H6310
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: 83

Legal Entity Address: 4027B Olley Lane
City: Fairfax
State: VA
Zip: 22032

Contact Title: Program Director
Name: Elissa Clark
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City: Fairfax
State: VA
Zip: 22031
Last Updated: 12/29/2014

Legal Entity Name: INSURANCE COMPANY OF SCOTT AND WHITE
Contract Number: H8237
Organization Marketing Name: Vital Traditions
Parent Organization: Baylor Scott & White Holdings

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 2,297

Legal Entity Address: 1206 West Campus Dr
City: Temple
State: TX
Zip: 76502

Contact Title: Call Center
Name: Customer Service
Phone: 1-866-334-3141
Extension:
Fax:
Email: blee@sw.org
Address: 1206 West Campus Drive
City: Temple
State: TX
Zip: 76502
Last Updated: 06/09/2014

Legal Entity Name: INTEGRA MLTC, INC
Contract Number: H8150
Organization Marketing Name: Integra FIDA Plan
Parent Organization: Personal Touch Holding Corp.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 66

Legal Entity Address: 2701 Emmons Avenue
City: Brooklyn
State: NY
Zip: 11235

Contact Title: Chief Financial Officer
Name: Yitzy Hollander
Phone: 1-855-800-4683
Extension: 1316
Fax:
Email: yhollander@integraplan.org
Address: 2701 Emmons Ave
City: Brooklyn
State: NY
Zip: 11235
Last Updated: 05/15/2015

Legal Entity Name: INTER VALLEY HEALTH PLAN, INC.
Contract Number: H0545
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: 22,200

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

Legal Entity Name: ITASCA MEDICAL CARE
Contract Number: H2417
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: 474

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

Legal Entity Name: KAISER FNDN HP OF THE MID-ATLANTIC STS
Contract Number: H2150
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: 62,239

Legal Entity Address: 2101 EAST JEFFERSON ST
City: ROCKVILLE
State: MD
Zip: 20852

Contact Title: Director of Account Experience & Customer Engagemt
Name: Kennith Bailey
Phone: 1-888-777-5536
Extension:
Fax: 1-301-816-6190
Email: kenneth.l.bailey@kp.org
Address: 2101 East Jefferson Street
City: Rockville
State: MD
Zip: 20852
Last Updated: 04/01/2013

Legal Entity Name: KAISER FOUNDATION HP OF CO
Contract Number: H0630
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: 96,467

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: 03/29/2013

Legal Entity Name: KAISER FOUNDATION HP OF GA, INC.
Contract Number: H1170
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: 24,532

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

Legal Entity Name: KAISER FOUNDATION HP OF THE N W
Contract Number: H9003
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: 77,801

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

Legal Entity Name: KAISER FOUNDATION HP, INC.
Contract Number: H0524
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: 1,017,697

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: mscc@kp.org
Address: 10740 Fourth St., Second Floor
City: Rancho Cucamonga
State: CA
Zip: 91730
Last Updated: 10/10/2014

Legal Entity Name: KAISER FOUNDATION HP, INC.
Contract Number: H1230
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: 30,914

Legal Entity Address: 711 KAPIOLANI BLVD
City: HONOLULU
State: HI
Zip: 96813

Contact Title: Medicare Compliance Consultant
Name: Shawn Ripley
Phone: 1-808-348-7832
Extension:
Fax: 1-808-432-5427
Email: shawn.x.ripley@kp.org
Address: 1 Kaiser Plaza
Floor 13
City: Oakland
State: CA
Zip: 94612
Last Updated: 10/27/2014

Legal Entity Name: KAISER FOUNDATION HP, INC.
Contract Number: H6050
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: 89

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: mscc@kp.org
Address: 10740 Fourth St., Second Floor
City: Rancho Cucamonga
State: CA
Zip: 91730
Last Updated: 10/10/2014

Legal Entity Name: KAISER FOUNDATION HP, INC.
Contract Number: H6052
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: 1,105

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: mscc@kp.org
Address: 10740 Fourth St., Second Floor
City: Rancho Cucamonga
State: CA
Zip: 91730
Last Updated: 10/10/2014

Legal Entity Name: KEYSTONE HEALTH PLAN CENTRAL, INC.
Contract Number: H3962
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: 10,776

Legal Entity Address: P.O. Box 779827
City: HARRISBURG
State: PA
Zip: 171779827

Contact Title: Customer Service Manager
Name: Barbara Keffer
Phone: 1-800-779-6962
Extension:
Fax: 1-717-651-4200
Email: barb.keffer@capbluecross.com
Address: 2500 Elmerton Avenue
P.O. Box 774135
City: Harrisburg
State: PA
Zip: 17177-4135
Last Updated: 03/07/2014

Legal Entity Name: KEYSTONE HEALTH PLAN EAST, INC.
Contract Number: H3952
Organization Marketing Name: Keystone 65 HMO
Parent Organization: Independence Health Group, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/1993
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 86,147

Legal Entity Address: 1901 MARKET ST
45TH FLOOR
City: PHILADELPHIA
State: PA
Zip: 19103

Contact Title:
Name: Customer Service
Phone: 1-800-645-3965
Extension:
Fax:
Email: info@ibxmedicare.com
Address: PO Box 7799
City: Philadelphia
State: PA
Zip: 19101-7799
Last Updated: 04/29/2015

Legal Entity Name: KEYSTONE HEALTH PLAN WEST, INC.
Contract Number: H3957
Organization Marketing Name: Highmark Choice Company
Parent Organization: Highmark Health

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 03/01/1995
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 116,355

Legal Entity Address: 120 FIFTH AVE
City: PITTSBURGH
State: PA
Zip: 152223099

Contact Title: VP, Sr. Markets 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: 11/30/2012

Legal Entity Name: KISSITO PACE OF ROANOKE, INC.
Contract Number: H1239
Organization Marketing Name: Kissito PACE Marketing
Parent Organization: Kissito Healthcare, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 68

Legal Entity Address: 5251 Concourse Drive
City: Roanoke
State: VA
Zip: 24019

Contact Title: Chief Operating Officer
Name: Sean Pressman
Phone: 1-540-904-2817
Extension: 113
Fax: 1-540-265-0305
Email: Sean.Pressman@kissito.org
Address: 5251 Concourse Drive
City: Roanoke
State: VA
Zip: 24019
Last Updated: 09/20/2013

Legal Entity Name: KS PLAN ADMINISTRATORS, LLC
Contract Number: H0332
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: 29,531

Legal Entity Address: 2727 West Holcombe
4th Floor, Admin
City: Houston
State: TX
Zip: 77025

Contact Title: Director, Quality & Compliance
Name: Margaret A Drakeley
Phone: 1-713-442-9631
Extension:
Fax: 1-713-442-5212
Email: margaret.drakeley@kelseycareadvantage.com
Address: 11511 Shadow Creek Parkway
City: Pearland
State: TX
Zip: 77584
Last Updated: 08/16/2013

Legal Entity Name: LIBERTY HEALTH ADVANTAGE, INC.
Contract Number: H3337
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: 4,878

Legal Entity Address: 1 Huntington Quadrangle, Suite 3N01
City: Melville
State: NY
Zip: 11747

Contact Title:
Name: Member Services
Phone: 1-631-227-3400
Extension:
Fax:
Email: MembSvcs@lhany.com
Address: One Huntington Quadrangle
Suite 3N01
City: Melville
State: NY
Zip: 11747
Last Updated: 05/08/2013

Legal Entity Name: LIFE AT LOURDES, INC.
Contract Number: H3493
Organization Marketing Name: LIFE at Lourdes
Parent Organization: Trinity Health

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: 201

Legal Entity Address: 2475 McClellan Ave., Bldg C
Building C
City: Pennsauken
State: NJ
Zip: 08109

Contact Title: Executive Director
Name: Marge Sullivan
Phone: 1-856-675-3663
Extension:
Fax: 1-856-675-3659
Email: sullivanm@lourdesnet.org
Address: 2475 McClellan Avenue
Building C
City: Pennsauken
State: NJ
Zip: 08109
Last Updated: 06/12/2014

Legal Entity Name: LIFE AT ST. FRANCIS HEALTHCARE, INC.
Contract Number: H5493
Organization Marketing Name: St. Francis LIFE
Parent Organization: Trinity Health

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 02/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 131

Legal Entity Address: 1072 Justison Street

City: Wilmington
State: DE
Zip: 19801

Contact Title: Administrator
Name: Amy Milligan
Phone: 1-302-660-3352
Extension:
Fax: 1-302-575-8236
Email: amilligan@che-east.org
Address: 1072 Justison Street

City: Wilmington
State: DE
Zip: 19801
Last Updated: 03/18/2013

Legal Entity Name: LIFE LUTHERAN SERVICES, INC.
Contract Number: H2537
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: 78

Legal Entity Address: 840 Fifth Avenue, Chambersburg, PA 17201
1920 Good Hope Road, Enola, PA 17025-1235

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

Legal Entity Name: LIFE PACE
Contract Number: H6941
Organization Marketing Name: LIFE PACE, INC.
Parent Organization: LIFE Senior Services, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Dallas
Enrollment: *

Legal Entity Address: 5950 E. 31st Street

City: Tulsa
State: OK
Zip: 74135

Contact Title: Program Director
Name: Brian McKaig
Phone: 1-918-664-9000
Extension:
Fax:
Email: bmckaig@lifeseniorservices.org
Address: 5950 East 31st Street

City: Tulsa
State: OK
Zip: 74135
Last Updated: 04/17/2014

Legal Entity Name: LIFE ST. FRANCIS
Contract Number: H1234
Organization Marketing Name: LIFE St. Francis
Parent Organization: Trinity Health

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: 275

Legal Entity Address: 1435 Liberty St.

City: Hamilton
State: NJ
Zip: 08629

Contact Title: Executive Director
Name: Jill Ann Viggiano
Phone: 1-609-599-5474
Extension:
Fax: 1-609-695-4234
Email: jviggiano@stfrancismedical.org
Address: 1435 Liberty St.

City: Hamilton
State: NJ
Zip: 08629
Last Updated: 05/02/2015

Legal Entity Name: LIFE ST. JOSEPH OF THE PINES, INC.
Contract Number: H1500
Organization Marketing Name: LIFE St. Joseph of the Pines
Parent Organization: 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: 217

Legal Entity Address: 4900 Raeford Rd
City: Fayetteville
State: NC
Zip: 28304

Contact Title: Executive Director
Name: Robert L Dickson
Phone: 1-910-429-7255
Extension:
Fax: 1-910-483-4930
Email: rdickson@sjp.org
Address: 4900 Raeford Road
City: Fayetteville
State: NC
Zip: 28309
Last Updated: 03/04/2013

Legal Entity Name: LIFE ST. MARY, INC.
Contract Number: H6551
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: 215

Legal Entity Address: 2500 Northgate Drive
City: Trevose
State: PA
Zip: 19053

Contact Title: Finance Director
Name: Jennifer White
Phone: 1-267-991-7625
Extension:
Fax: 1-267-991-7618
Email: JWhite3@stmaryhealthcare.org
Address: 2500 Northgate Road
City: Trevose
State: PA
Zip: 19053
Last Updated: 12/30/2013

Legal Entity Name: LIFECIRCLES
Contract Number: H2936
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: 212

Legal Entity Address: 560 Seminole Rd.
City: Muskegon
State: MI
Zip: 49444

Contact Title: Executive Director
Name: Luke Reynolds
Phone: 1-231-733-8650
Extension:
Fax: 1-231-733-8683
Email: lreynolds@lifecircles-pace.org
Address: 560 Seminole Rd.
City: Muskegon
State: MI
Zip: 49444
Last Updated: 04/28/2014

Legal Entity Name: LIVING INDEPENDENCE FOR THE ELDERLY
Contract Number: H3918
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: 510

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

Legal Entity Name: LOCAL INITIATIVE HEALTH AUTHORITY FOR L.A. COUNTY
Contract Number: H8258
Organization Marketing Name: L.A. Care Cal MediConnect Plan
Parent Organization: Local Initiative Health Authority for LA County

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 04/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 18,395

Legal Entity Address: 1055 W. 7th Street
10th Floor
City: Los Angeles
State: CA
Zip: 90017

Contact Title: Sr. Director Medicare & CalMediConnect Ops
Name: Gretchen Brown
Phone: 1-213-694-1250
Extension: 4805
Fax: 1-213-438-5736
Email: gbrown@lacare.org
Address: 1055 West 7th Street
4th Fl
City: Los Angeles
State: CA
Zip: 90017
Last Updated: 02/02/2015

Legal Entity Name: LOS ANGELES JEWISH HOME FOR THE AGING
Contract Number: H7855
Organization Marketing Name: Brandman Centers for Senior Care
Parent Organization: Los Angeles Jewish Home for the Aging

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 02/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 110

Legal Entity Address: 7150 Tampa Avenue
7150 Tampa Avenue
City: Reseda
State: CA
Zip: 91335

Contact Title: Marketing Director
Name: Santos Rodriguez
Phone: 1-818-654-5571
Extension:
Fax: 1-818-774-5907
Email: santos.rodriguez@jha.org
Address: 7150 Tampa Avenue
City: Reseda
State: CA
Zip: 91335
Last Updated: 02/06/2015

Legal Entity Name: LUBBOCK REGIONAL MENTAL HEALTH MENTAL RETARDATION
Contract Number: H9998
Organization Marketing Name: Silver Star
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: 100

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@starcarelubbock.org
Address: P.O. Box 2828
City: Lubbock
State: TX
Zip: 79408
Last Updated: 04/03/2013

Legal Entity Name: LUTHERAN SENIOR HEALTHCARE, INC.
Contract Number: H6371
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: 133

Legal Entity Address: 3 Manhattan Drive
City: Burlington
State: NJ
Zip: 08016

Contact Title: Executive Director
Name: Wanda Cooper
Phone: 1-201-706-2091
Extension:
Fax: 1-201-706-2092
Email: wcooper@lsmnj.org
Address: 377 Jersey Avenue
Suite 310
City: Jersey City
State: NJ
Zip: 07302
Last Updated: 05/08/2015

Legal Entity Name: LUTHERAN SENIORLIFE VIECARE ARMSTRONG, LLC
Contract Number: H6188
Organization Marketing Name: LIFE Armstrong
Parent Organization: Lutheran SeniorLife

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 04/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: *

Legal Entity Address: 1 Nolte Drive
City: Kittanning
State: PA
Zip: 16201

Contact Title: Director of MIS
Name: Dean Phillips
Phone: 1-724-776-1100
Extension:
Fax: 1-724-772-2960
Email: dean.phillips@lutheranseniorlife.org
Address: Lutheran SeniorLife
191 Scharberry Lane
City: Mars
State: PA
Zip: 16046
Last Updated: 10/06/2014

Legal Entity Name: MANAGED HEALTH SERVICES, WISCONSIN
Contract Number: H8189
Organization Marketing Name: MHS Health Wisconsin Advantage
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: 1,021

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: 07/25/2014

Legal Entity Name: MANAGED HEALTH, INC.
Contract Number: H3359
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: 128,547

Legal Entity Address: 100 Church Street, 18th Floor
City: New York
State: NY
Zip: 10007

Contact Title:
Name: Provider Services
Phone: 1-888-801-1660
Extension:
Fax:
Email: hfprovsrvs@healthfirst.org
Address: P.O. Box 5168
City: New York
State: NY
Zip: 10274-5168
Last Updated: 08/20/2014

Legal Entity Name: MANAGED HEALTH, INC.
Contract Number: H5441
Organization Marketing Name: Healthfirst Medicare Plan
Parent Organization: Healthfirst, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 548

Legal Entity Address: 100 Church Street, 18th Floor
City: New York
State: NY
Zip: 10007

Contact Title:
Name: Provider Services
Phone: 1-888-801-1660
Extension:
Fax:
Email: hfprovsrvs@healthfirst.org
Address: P.O. Box 5168
City: New York
State: NY
Zip: 10274-5168
Last Updated: 08/20/2014

Legal Entity Name: MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
Contract Number: H6623
Organization Marketing Name: Maricopa Care Advantage
Parent Organization: MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 1,695

Legal Entity Address: 2601 East Roosevelt St

City: Phoenix
State: AZ
Zip: 85008

Contact Title: MCA Customer Care
Name: Customer Care
Phone: 1-877-874-3935
Extension:
Fax: 1-520-874-5555
Email: memberservicesinquires@uahealth.com
Address: 2701 E. Elvira

City: Tucson
State: AZ
Zip: 85756
Last Updated: 02/05/2013

Legal Entity Name: MARTIN'S POINT GENERATIONS, LLC
Contract Number: H1365
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: 2,503

Legal Entity Address: PO Box 9746
331 Veranda St.
City: Portland
State: ME
Zip: 04104

Contact Title: Chief Operating Officer
Name: Larry Henry
Phone: 1-888-732-7364
Extension:
Fax:
Email: larry.henry@martinspoint.org
Address: P. O. Box 9746
331 Veranda Street
City: Portland
State: ME
Zip: 04104
Last Updated: 03/11/2013

Legal Entity Name: MARTIN'S POINT GENERATIONS, LLC
Contract Number: H5591
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: 31,157

Legal Entity Address: P.O. Box 9746
331 Veranda Street
City: Portland
State: ME
Zip: 04104

Contact Title: Chief Operating Officer
Name: Larry Henry
Phone: 1-888-732-7364
Extension:
Fax:
Email: larry.henry@martinspoint.org
Address: P. O. Box 9746
331 Veranda Street
City: Portland
State: ME
Zip: 04104
Last Updated: 03/11/2013

Legal Entity Name: MATTHEW THORNTON HEALTH PLAN, INC.
Contract Number: H3536
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 555

Legal Entity Address: 3000 Goffs Falls Road

City: Manchester
State: NH
Zip: 031110001

Contact Title:
Name: Customer Service
Phone: 1-866-289-4250
Extension:
Fax:
Email: SrCsServices@wellpoint.com
Address: 145 S. Pioneer Road

City: Fon du Lac
State: WI
Zip: 54935
Last Updated: 04/05/2013

Legal Entity Name: MCGREGOR PACE
Contract Number: H3613
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: 318

Legal Entity Address: 26310 Emery Road
City: Warrensville HEIGHTS
State: OH
Zip: 44128

Contact Title: CEO
Name: Tangi McCoy
Phone: 1-216-851-8200
Extension: 2058
Fax:
Email: tangi.mccoy@mcgregorctr.org
Address: 2373 Euclid Heights Blvd.
City: Cleveland Heights
State: OH
Zip: 44106
Last Updated: 08/31/2014

Legal Entity Name: MCLAREN HEALTH PLAN, INC.
Contract Number: H0141
Organization Marketing Name: McLaren Advantage
Parent Organization: McLaren Health Care 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: Chicago
Enrollment: 119

Legal Entity Address: G-3245 Beecher Rd.
City: Flint
State: MI
Zip: 48532

Contact Title: Compliance Officer
Name: Sue Bayer
Phone: 1-888-327-0671
Extension:
Fax:
Email: sue.bayer@mclaren.org
Address: G3245 Beecher Rd
City: Flint
State: MI
Zip: 48532
Last Updated: 09/12/2013

Legal Entity Name: MCS ADVANTAGE, INC.
Contract Number: H5577
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: 174,906

Legal Entity Address: MCS Plaza
255 Ponce De Leon Ave.
City: San Juan
State: PR
Zip: 00918

Contact Title: Corporate Communications Director
Name: Marien Amezaga
Phone: 1-787-758-2500
Extension: 5265
Fax:
Email: marien.amezaga@medicalcardsystem.com
Address: MCS Plaza
255 Ponce de Leon Avenue, Second Floor
City: San Juan
State: PR
Zip: 00918
Last Updated: 05/11/2015

Legal Entity Name: MEDICA HEALTH PLANS
Contract Number: H2458
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: 10,115

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

Legal Entity Name: MEDICA HEALTHCARE PLANS, INC.
Contract Number: H5420
Organization Marketing Name: Medica HealthCare Plans, Inc.
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 06/01/2005
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 35,360

Legal Entity Address: 4000 Ponce de Leon Blvd.
Suite 650
City: CORAL GABLES
State: FL
Zip: 33146

Contact Title: COO for United for South Florida
Name: Annette Onorati
Phone: 1-305-670-8438
Extension: 1225
Fax: 1-305-670-4529
Email: annette_onorati@uhc.com
Address: 9100 South Dadeland Blvd
Suite 1250
City: Miami
State: FL
Zip: 33156
Last Updated: 04/17/2014

Legal Entity Name: MEDICA INSURANCE COMPANY
Contract Number: H2450
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: 170,612

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

Legal Entity Name: MEDICAL ASSOCIATES CLINIC HEALTH PLAN
Contract Number: H5256
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: 3,132

Legal Entity Address: 1605 ASSOCIATES DRIVE
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

Legal Entity Name: MEDICAL ASSOCIATES HEALTH PLAN, INC.
Contract Number: H1651
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: 10,301

Legal Entity Address: 1605 Associates Drive
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

Legal Entity Name: MEDISUN, INC.
Contract Number: H0302
Organization Marketing Name: Blue Cross Blue Shield of Arizona Advantage
Parent Organization: Veritage, LLC

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 08/01/1999
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 46,171

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: contact.advantage@azbluemedicare.com
Address: 13950 W. Meeker Blvd
City: Sun City West
State: AZ
Zip: 85375
Last Updated: 05/02/2013

Legal Entity Name: MEDSTAR FAMILY CHOICE, INC.
Contract Number: H9915
Organization Marketing Name: MedStar Family Choice, Inc
Parent Organization: Medstar Health, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 6,688

Legal Entity Address: 8094 Sandpiper Circle
Suite O
City: Baltimore
State: MD
Zip: 21236

Contact Title: AVP Regulatory Affairs, Network Dev and Marketing
Name: Lesley Wallace
Phone: 1-855-222-1042
Extension:
Fax:
Email: Lesley.wallace@medstar.net
Address: 8094 Sandpiper Circle – Suite O
City: Baltimore
State: MD
Zip: 21236
Last Updated: 05/15/2015

Legal Entity Name: MEMORIAL HERMANN HEALTH PLAN
Contract Number: H2968
Organization Marketing Name: Memorial Hermann Health Insurance Company
Parent Organization: Memorial Hermann Healthcare System

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 423

Legal Entity Address: 929 Gessner
Suite 1500
City: Houston
State: TX
Zip: 77024

Contact Title: Network Development
Name: Josette Hubbard
Phone: 1-713-338-4812
Extension:
Fax:
Email: Josette.Hubbard@memorialhermann.org
Address: 929 Gessner #1500
City: Houston
State: TX
Zip: 77024
Last Updated: 02/09/2015

Legal Entity Name: MEMORIAL HERMANN HEALTH PLAN
Contract Number: H7115
Organization Marketing Name: Memorial Hermann Health Plan, Inc.
Parent Organization: Memorial Hermann Healthcare System

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 1,293

Legal Entity Address: 929 Gessner
Suite 1500
City: Houston
State: TX
Zip: 77024

Contact Title: Network Development
Name: Josette Hubbard
Phone: 1-713-338-4812
Extension:
Fax:
Email: Josette.Hubbard@memorialhermann.org
Address: 929 Gessner #1500
City: Houston
State: TX
Zip: 77024
Last Updated: 02/09/2015

Legal Entity Name: MEMORIAL HOSPITAL OF LARAMIE COUNTY
Contract Number: H4000
Organization Marketing Name: Wyoming PACE
Parent Organization: Memorial Hospital of Laramie County

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 01/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Denver
Enrollment: 79

Legal Entity Address: 214 East 23rd Street
City: Cheyenne
State: WY
Zip: 82001

Contact Title: PACE Director
Name: Laura Wright
Phone: 1-307-633-7005
Extension:
Fax: 1-307-773-8131
Email: laurie.wright@crmcwy.org
Address: 214 E. 23rd St.
City: Cheyenne
State: WY
Zip: 82001
Last Updated: 06/20/2012

Legal Entity Name: MERCY LIFE OF ALABAMA
Contract Number: H4074
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: 163

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

Legal Entity Name: MERCY LIFE, INC.
Contract Number: H0809
Organization Marketing Name: Mercy LIFE
Parent Organization: Sisters of Providence Care Centers, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 03/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 88

Legal Entity Address: 271 Carew Street
City: Springfield
State: MA
Zip: 01104

Contact Title: Executive Director
Name: Joseph Larkin
Phone: 1-413-748-7223
Extension:
Fax: 1-413-493-2024
Email: joe.larkin@sphs.com
Address: 2112 Riverdale Street
Suite 1
City: West Springfield
State: MA
Zip: 01089
Last Updated: 05/01/2014

Legal Entity Name: MERIDIAN HEALTH PLAN OF ILLINOIS, INC.
Contract Number: H5779
Organization Marketing Name: Meridian Health Plan
Parent Organization: Caidan Enterprises, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 487

Legal Entity Address: 333 South Wabash Avenue
Suite 2900
City: Chicago
State: IL
Zip: 60604

Contact Title: Manager of Communications
Name: Tejaswi Paruchuri
Phone: 1-313-324-1886
Extension:
Fax: 1-313-202-1259
Email: tejaswi.paruchuri@mhplan.com
Address: 777 Woodward Avenue
Suite 600
City: Detroit
State: MI
Zip: 48226
Last Updated: 04/30/2015

Legal Entity Name: MERIDIAN HEALTH PLAN OF ILLINOIS, INC.
Contract Number: H6080
Organization Marketing Name: Meridian Complete
Parent Organization: Caidan Enterprises, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 02/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 6,755

Legal Entity Address: 333 South Wabash Avenue
Suite 2900
City: Chicago
State: IL
Zip: 60604

Contact Title: Manager of Communications
Name: Tejaswi Paruchuri
Phone: 1-313-324-1886
Extension:
Fax: 1-313-202-1259
Email: tejaswi.paruchuri@mhplan.com
Address: 777 Woodward Avenue
Suite 600
City: Detroit
State: MI
Zip: 48226
Last Updated: 04/30/2015

Legal Entity Name: MERIDIAN HEALTH PLAN OF IOWA, INC.
Contract Number: H5786
Organization Marketing Name: Meridian Health Plan
Parent Organization: Caidan Enterprises, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 350

Legal Entity Address: 666 Grand Avenue
14th Floor
City: Des Moines
State: IA
Zip: 50309

Contact Title: Manager of Communications
Name: Tejaswi Paruchuri
Phone: 1-313-324-1886
Extension:
Fax: 1-313-202-1259
Email: tejaswi.paruchuri@mhplan.com
Address: 777 Woodward Avenue
Suite 600
City: Detroit
State: MI
Zip: 48226
Last Updated: 04/30/2015

Legal Entity Name: MERIDIAN HEALTH PLAN OF MICHIGAN, INC.
Contract Number: H0480
Organization Marketing Name: Meridian Complete
Parent Organization: Caidan Enterprises, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 03/01/2015
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 6,892

Legal Entity Address: 777 Woodward Avenue
Suite 600
City: Detroit
State: MI
Zip: 48226

Contact Title: Manager of Communications
Name: Tejaswi Paruchuri
Phone: 1-313-324-1886
Extension:
Fax: 1-313-202-1259
Email: tejaswi.paruchuri@mhplan.com
Address: 777 Woodward Avenue
Suite 600
City: Detroit
State: MI
Zip: 48226
Last Updated: 04/30/2015

Legal Entity Name: MERIDIAN HEALTH PLAN OF MICHIGAN, INC.
Contract Number: H5475
Organization Marketing Name: Meridian Health Plan
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: 3,031

Legal Entity Address: 777 Woodward Avenue
Suite 600
City: Detroit
State: MI
Zip: 48226

Contact Title: Manager of Communications
Name: Tejaswi Paruchuri
Phone: 1-313-324-1886
Extension:
Fax: 1-313-202-1259
Email: tejaswi.paruchuri@mhplan.com
Address: 777 Woodward Avenue
Suite 600
City: Detroit
State: MI
Zip: 48226
Last Updated: 04/30/2015

Legal Entity Name: METROPLUS HEALTH PLAN, INC.
Contract Number: H0423
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: 8,539

Legal Entity Address: 160 Water Street
3rd Floor
City: New York
State: NY
Zip: 10038

Contact Title: Director Communications
Name: Kathryn Soman
Phone: 1-212-908-8588
Extension:
Fax: 1-212-908-8603
Email: SOMANK@METROPLUS.ORG
Address: 160 Water Street
3rd Floor
City: New York
State: NY
Zip: 10038
Last Updated: 05/04/2015

Legal Entity Name: METROPLUS HEALTH PLAN, INC.
Contract Number: H9115
Organization Marketing Name: MetroPlus Health Plan
Parent Organization: New York City Health and Hospitals Corporation

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 99

Legal Entity Address: 160 Water Street
3rd Floor
City: New York
State: NY
Zip: 10038

Contact Title: Director of Communications
Name: Kathryn Soman
Phone: 1-212-908-8600
Extension:
Fax: 1-212-908-8603
Email: somank@metroplus.org
Address: 160 Water Street
4th floor
City: New York
State: NY
Zip: 10038
Last Updated: 05/04/2015

Legal Entity Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION
Contract Number: H3810
Organization Marketing Name: AllCare Advantage
Parent Organization: Mid Rogue IPA Holding Company

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 05/01/2005
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 2,116

Legal Entity Address: 740 SE 7th Street

City: GRANTS PASS
State: OR
Zip: 97526

Contact Title: Vice President of Marketing and Communication
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: 05/07/2014

Legal Entity Name: MIDLAND CARE CONNECTION
Contract Number: H5822
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: 124

Legal Entity Address: 200 SW Frazier Circle

City: Topeka
State: KS
Zip: 66606

Contact Title: VP Compliance
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: 05/01/2013

Legal Entity Name: MMM HEALTHCARE, LLC.
Contract Number: H4003
Organization Marketing Name: Medicare y Mucho Mßs
Parent Organization: InnovaCare 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: 168,479

Legal Entity Address: 350 Chardon Ave Suite 500
Torre Chardon
City: San Juan
State: PR
Zip: 009182137

Contact Title: AVP Enrollment and Membership Accounting
Name: Yamile Suarez
Phone: 1-787-622-3000
Extension: 1745
Fax: 1-787-999-2199
Email: Yamile.Suarez@mmmhc.com
Address: 350 Avénida Chardón
Torre Chardón, Suite 500
City: San Juan
State: PR
Zip: 00918-2137
Last Updated: 12/30/2013

Legal Entity Name: MMM HEALTHCARE, LLC.
Contract Number: H4011
Organization Marketing Name: First +Plus
Parent Organization: InnovaCare 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: 10,277

Legal Entity Address: PO BOX 195080
City: SAN JUAN
State: PR
Zip: 009195080

Contact Title: AVP Enrollment and Membership Accounting
Name: Yamile Suarez
Phone: 1-787-622-3000
Extension: 1745
Fax: 1-787-999-2199
Email: Yamile.Suarez@mmmhc.com
Address: 350 Avénida Chardón
Torre Chardón, Suite 500
City: San Juan
State: PR
Zip: 00918-2137
Last Updated: 12/16/2014

Legal Entity Name: MODA HEALTH PLAN, INC.
Contract Number: H3813
Organization Marketing Name: Moda 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: 12,418

Legal Entity Address: 601 SW Second Avenue Suite 900
City: Portland
State: OR
Zip: 97204

Contact Title: Member Services
Name: Member Services
Phone: 1-877-299-9062
Extension:
Fax:
Email: medical@modahealth.com
Address: 601 S.W. Second Ave.
City: Portland
State: OR
Zip: 97204
Last Updated: 11/15/2013

Legal Entity Name: MODA HEALTH PLAN, INC.
Contract Number: H8506
Organization Marketing Name: Moda Health Plan, Inc.
Parent Organization: Health Services Group, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 63

Legal Entity Address: 601 SW Second Ave Suite 900
City: Portland
State: OR
Zip: 97204

Contact Title: Member Services
Name: Member Services
Phone: 1-877-299-9062
Extension:
Fax:
Email: medical@modahealth.com
Address: 601 S.W. Second Ave.
City: Portland
State: OR
Zip: 97204
Last Updated: 12/30/2013

Legal Entity Name: MOLINA HEALTHCARE OF CALIFORNIA
Contract Number: H5810
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: Seattle
Enrollment: 3,868

Legal Entity Address: 200 Oceangate Suite 100
City: Long Beach
State: CA
Zip: 90802

Contact Title: Vice President
Name: Tom Standring
Phone: 1-800-665-0898
Extension:
Fax:
Email: Tom.Standring@MolinaHealthCare.com
Address: 200 Oceangate
Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 03/05/2013

Legal Entity Name: MOLINA HEALTHCARE OF CALIFORNIA
Contract Number: H8677
Organization Marketing Name: Molina Healthcare of California
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 04/01/2014
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 16,477

Legal Entity Address: 200 Oceangate
Ste. 100
City: Long Beach
State: CA
Zip: 90802

Contact Title: Vice President
Name: Tom Standring
Phone: 1-800-665-0898
Extension:
Fax:
Email: Tom.Standring@MolinaHealthCare.com
Address: 200 Oceangate
Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 03/06/2013

Legal Entity Name: MOLINA HEALTHCARE OF FLORIDA, INC.
Contract Number: H8130
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: Seattle
Enrollment: 1,267

Legal Entity Address: 8300 NW 33rd Street, Suite 400
City: Doral
State: FL
Zip: 33122

Contact Title: Vice President
Name: Tom Standring
Phone: 1-800-665-0898
Extension:
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Email: Tom.Standring@MolinaHealthCare.com
Address: 200 Oceangate
Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 03/06/2013

Legal Entity Name: MOLINA HEALTHCARE OF ILLINOIS, INC.
Contract Number: H8046
Organization Marketing Name: Molina Healthcare of Illinois
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 02/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 4,312

Legal Entity Address: 1520 Kensington Road
Ste. 212
City: Oakbrook
State: IL
Zip: 60523

Contact Title: Vice President
Name: Tom Standring
Phone: 1-800-665-0898
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Address: 200 Oceangate
Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 03/06/2013

Legal Entity Name: MOLINA HEALTHCARE OF MICHIGAN, INC.
Contract Number: H5926
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: Seattle
Enrollment: 12,881

Legal Entity Address: 100 W. Big Beaver
Suite 600
City: Troy
State: MI
Zip: 48084

Contact Title: Vice President
Name: Tom Standring
Phone: 1-800-665-0898
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Fax:
Email: Tom.Standring@MolinaHealthCare.com
Address: 200 Oceangate
Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 03/06/2013

Legal Entity Name: MOLINA HEALTHCARE OF MICHIGAN, INC.
Contract Number: H7844
Organization Marketing Name: Molina Healthcare of Michigan
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 05/01/2015
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 305

Legal Entity Address: 100 W. Big Beaver Road
Ste. 600
City: Troy
State: MI
Zip: 48084

Contact Title: Vice President
Name: Tom Standring
Phone: 1-800-665-0898
Extension:
Fax:
Email: Tom.Standring@MolinaHealthCare.com
Address: 200 Oceangate
Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 03/06/2013

Legal Entity Name: MOLINA HEALTHCARE OF NEW MEXICO, INC.
Contract Number: H9082
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: Seattle
Enrollment: 1,742

Legal Entity Address: 8801 Horizon Blvd., Suite 400
City: Albuquerque
State: NM
Zip: 87113

Contact Title: Vice President
Name: Tom Standring
Phone: 1-800-665-0898
Extension:
Fax:
Email: Tom.Standring@MolinaHealthCare.com
Address: 200 Oceangate
Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 03/06/2013

Legal Entity Name: MOLINA HEALTHCARE OF OHIO, INC.
Contract Number: H0490
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: Seattle
Enrollment: 610

Legal Entity Address: 3000 Corporate Exchange Drive
City: Columbus
State: OH
Zip: 43231

Contact Title: Vice President
Name: Tom Standring
Phone: 1-800-665-0898
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Fax:
Email: Tom.Standring@MolinaHealthCare.com
Address: 200 Oceangate
Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 03/05/2013

Legal Entity Name: MOLINA HEALTHCARE OF OHIO, INC.
Contract Number: H5280
Organization Marketing Name: Molina Healthcare of Ohio
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 05/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 10,754

Legal Entity Address: 3000 Corporate Exchange Drive
City: Columbus
State: OH
Zip: 43231

Contact Title: Vice President
Name: Tom Standring
Phone: 1-800-665-0898
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Email: Tom.Standring@MolinaHealthCare.com
Address: 200 Oceangate
Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 03/05/2013

Legal Entity Name: MOLINA HEALTHCARE OF SOUTH CAROLINA, INC.
Contract Number: H2533
Organization Marketing Name: Molina Healthcare of South Carolina
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 02/01/2015
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 175

Legal Entity Address: 200 Oceangate - Suite 100
City: Long Beach
State: CA
Zip: 90802

Contact Title: Vice President
Name: Tom Standring
Phone: 1-800-665-0898
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Fax:
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Address: 200 Oceangate
Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 11/20/2013

Legal Entity Name: MOLINA HEALTHCARE OF TEXAS, INC.
Contract Number: H7678
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: Seattle
Enrollment: 4,698

Legal Entity Address: 2505 North Hwy 360, Suite 300
City: Grand Prairie
State: TX
Zip: 75050

Contact Title: Vice President
Name: Tom Standring
Phone: 1-800-665-0898
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Fax:
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Address: 200 Oceangate
Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 03/06/2013

Legal Entity Name: MOLINA HEALTHCARE OF TEXAS, INC.
Contract Number: H8197
Organization Marketing Name: Molina Healthcare of Texas
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 03/01/2015
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 9,690

Legal Entity Address: 84 NE Loop 410
Ste. 400
City: San Antonio
State: TX
Zip: 78216

Contact Title: Vice President
Name: Tom Standring
Phone: 1-800-665-0898
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Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 03/06/2013

Legal Entity Name: MOLINA HEALTHCARE OF UTAH, INC.
Contract Number: H5628
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: Seattle
Enrollment: 8,639

Legal Entity Address: 7050 Union Park Center
Suite 200
City: Midvale
State: UT
Zip: 84047

Contact Title: Vice President
Name: Tom Standring
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Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 03/05/2013

Legal Entity Name: MOLINA HEALTHCARE OF WASHINGTON, INC.
Contract Number: H5823
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: Seattle
Enrollment: 8,975

Legal Entity Address: 21540 30th Dr. SE
Suite 400
City: Bothell
State: WA
Zip: 98021

Contact Title: Vice President
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Address: 200 Oceangate
Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 03/05/2013

Legal Entity Name: MOLINA HEALTHCARE OF WISCONSIN
Contract Number: H2879
Organization Marketing Name: Molina Healthcare of Wisconsin
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 529

Legal Entity Address: 2400 South 102nd Street
City: West Allis
State: WI
Zip: 53227

Contact Title: Vice President
Name: Tom Standring
Phone: 1-800-665-0898
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Fax:
Email: Tom.Standring@MolinaHealthCare.com
Address: 200 Oceangate
Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 03/05/2013

Legal Entity Name: MORSE LIFE HOME CARE, INC.
Contract Number: H0112
Organization Marketing Name: Palm Beach PACE
Parent Organization: Morse Life Home Care, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 135

Legal Entity Address: 4847 Fred Gladstone Drive
City: West Palm Beach
State: FL
Zip: 33417

Contact Title: Director of Information Technology
Name: Michael Schultz
Phone: 1-561-687-5765
Extension:
Fax: 1-561-683-4556
Email: Michaels@MorseLife.org
Address: 4847 Fred Gladstone Dr.
City: West Palm Beach
State: FL
Zip: 33417
Last Updated: 03/26/2013

Legal Entity Name: MOUNT CARMEL HEALTH INSURANCE COMPANY
Contract Number: H1846
Organization Marketing Name: MediGold
Parent Organization: Trinity Health

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2009
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 1,417

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

Legal Entity Name: MOUNT CARMEL HEALTH PLAN, INC.
Contract Number: H3668
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: 49,090

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

Legal Entity Name: MOUNTAIN EMPIRE OLDER CITIZENS, INC.
Contract Number: H5037
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: 96

Legal Entity Address: 1501 Third Avenue East
P.O. Box 888

City: Big Stone Gap
State: VA
Zip: 24219

Contact Title: PACE Director and COO
Name: Tony Lawson
Phone: 1-276-523-0599
Extension: 310
Fax: 1-276-523-6483
Email: tlawson@meoc.org
Address: P. O. Box 888

City: Big Stone Gap
State: VA
Zip: 24219
Last Updated: 11/13/2013

Legal Entity Name: MVP HEALTH PLAN, INC.
Contract Number: H3305
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: 35,684

Legal Entity Address: 220 Alexander Street

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

Legal Entity Name: MVP HEALTH PLAN, INC.
Contract Number: H9615
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: 19,584

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: 05/21/2015

Legal Entity Name: MVP HEALTH PLAN, INC.
Contract Number: H9859
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: 11,509

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: 05/21/2015

Legal Entity Name: NETWORK HEALTH INSURANCE CORPORATION
Contract Number: H1181
Organization Marketing Name: Network Health Medicare Advantage Plans
Parent Organization: Ministry Health Care, Inc.

Organization Type: MSA
Plan Type: MSA
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 991

Legal Entity Address: 1570 Midway Place
P.O. Box 120
City: Menasha
State: WI
Zip: 54952

Contact Title:
Name: Customer Service
Phone: 1-800-378-5234
Extension:
Fax: 1-920-720-1908
Email: sschwand@networkhealth.com
Address: 1570 Midway Place
P.O. Box 120
City: Menasha
State: WI
Zip: 54952
Last Updated: 05/13/2015

Legal Entity Name: NETWORK HEALTH INSURANCE CORPORATION
Contract Number: H5215
Organization Marketing Name: Network Health Medicare Advantage Plans
Parent Organization: Ministry Health Care, Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2005
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 63,380

Legal Entity Address: 1570 MIDWAY PLACE
P.O. Box 120
City: MENASHA
State: WI
Zip: 54952

Contact Title:
Name: Customer Service
Phone: 1-800-378-5234
Extension:
Fax: 1-920-720-1908
Email: sschwand@networkhealth.com
Address: 1570 Midway Place
P.O. Box 120
City: Menasha
State: WI
Zip: 54952
Last Updated: 05/13/2015

Legal Entity Name: NEW WEST HEALTH SERVICES
Contract Number: H2701
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: 18,015

Legal Entity Address: 130 NEILL AVE
City: HELENA
State: MT
Zip: 59601

Contact Title: VP of Operations and 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: 12/16/2014

Legal Entity Name: NEWCOURTLAND LIFE PROGRAM
Contract Number: H9830
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: 366

Legal Entity Address: 1845 Walnut Street
12th Floor
City: Philadelphia
State: PA
Zip: 19103

Contact Title: Executive Director
Name: Silvia Boswell
Phone: 1-215-951-4433
Extension:
Fax: 1-215-951-4316
Email: sboswell@newcourtland.org
Address: NewCourtland LIFE Program
6970 Germantown Avenue
City: Philadelphia
State: PA
Zip: 19119
Last Updated: 03/23/2015

Legal Entity Name: NORTH SHORE-LIJ HEALTH PLAN, INC.
Contract Number: H3129
Organization Marketing Name: North Shore-LIJ Health Plan, Inc.
Parent Organization: North Shore-LI Jewish Health System, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 13

Legal Entity Address: 2200 Northern Boulevard
Suite 104
City: East Hills
State: NY
Zip: 11548

Contact Title: Chief Provider Relations and Contracting Officer
Name: Sandra Galian
Phone: 1-516-405-7613
Extension:
Fax:
Email: sgalian@nshs.edu
Address: North Shore-LIJ Health Plan
2200 Northern Boulevard, Suite 104
City: East Hills
State: NY
Zip: 11548
Last Updated: 05/19/2015

Legal Entity Name: NORTHLAND PACE PROGRAM
Contract Number: H7195
Organization Marketing Name: Northland PACE Senior Care Services
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: 111

Legal Entity Address: 2223 East Rosser Avenue
City: Bismarck
State: ND
Zip: 58501

Contact Title: President
Name: Tim Cox
Phone: 1-701-250-0709
Extension:
Fax: 1-701-250-0739
Email: tcox@northlandhealth.com
Address: 2223 East Rosser Avenue
City: Bismarck
State: ND
Zip: 58501
Last Updated: 05/01/2015

Legal Entity Name: NY HOTEL TRADES COUNCIL & HOTEL ASSOCIATION OF NYC
Contract Number: H6334
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: 4,289

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

Legal Entity Name: OKLAHOMA SUPERIOR SELECT, INC.
Contract Number: H3708
Organization Marketing Name: Tribute Health Plan of Oklahoma
Parent Organization: Healthcare Investors, LLC

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 08/01/2005
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 136

Legal Entity Address: 909 S. Meridian Ave.
Suite 510
City: Oklahoma City
State: OK
Zip: 73108

Contact Title: Marketing & Education Director
Name: Doug Shackelford
Phone: 1-501-400-4650
Extension:
Fax: 1-501-372-1932
Email: dshackelford@tributehealthplans.com
Address: 1401 West Capitol Ave, Suite 430

City: Little Rock
State: AR
Zip: 72201
Last Updated: 01/05/2015

Legal Entity Name: ON LOK SENIOR HEALTH SERVICES
Contract Number: H5403
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: 1,245

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

Legal Entity Name: ONECARE BY CARE1ST HEALTH PLAN ARIZONA INC.
Contract Number: H5430
Organization Marketing Name: Care1st+
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: 1,723

Legal Entity Address: 2355 E. CAMELBACK ROAD, SUITE 300

City: PHOENIX
State: AZ
Zip: 85016

Contact Title: Compliance Officer
Name: Patty Dal Soglio
Phone: 1-602-778-8302
Extension:
Fax:
Email: pdsoglio@care1st.com
Address: 2355 E. Camelback Rd., Ste 300

City: Phoenix
State: AZ
Zip: 85016
Last Updated: 12/18/2012

Legal Entity Name: OPTIMA HEALTH PLAN
Contract Number: H2563
Organization Marketing Name: Optima Health Plan
Parent Organization: Sentara Health Care (SHC)

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 1,479

Legal Entity Address: 4417 Corporation lane

City: Virginia Beach
State: VA
Zip: 23462

Contact Title: Medicare Contract Administrator
Name: William Miller
Phone: 1-757-687-6251
Extension:
Fax: 1-757-552-7116
Email: bjmiller@sentara.com
Address: 4417 Corporation Lane

City: Virginia Beach
State: VA
Zip: 23462
Last Updated: 01/14/2013

Legal Entity Name: OPTIMUM HEALTHCARE, INC.
Contract Number: H5594
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: 39,034

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: cms@americas1stchoice.com
Address: 3707 W. Cherry Street

City: Tampa
State: FL
Zip: 33607
Last Updated: 02/19/2015

Legal Entity Name: ORANGE COUNTY HEALTH AUTHORITY
Contract Number: H5433
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: 12,887

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

Legal Entity Name: ORANGE COUNTY HEALTH AUTHORITY
Contract Number: H7501
Organization Marketing Name: CalOptima PACE
Parent Organization: Orange County Health Authority

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 09/01/2013
Tax Status: Not Applicable
CMS Region Responsible: San Francisco
Enrollment: 56

Legal Entity Address: 505 City Parkway West

City: Orange
State: CA
Zip: 92868

Contact Title: Director of PACE
Name: Rena Smith
Phone: 1-714-468-1047
Extension:
Fax:
Email: renasmith@caloptima.org
Address: 13300 Garden Grove Boulevard

City: Garden Grove
State: CA
Zip: 92843
Last Updated: 05/23/2015

Legal Entity Name: ORANGE COUNTY HEALTH AUTHORITY
Contract Number: H8016
Organization Marketing Name: CalOptima
Parent Organization: Orange County Health Authority

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 07/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: *

Legal Entity Address: 505 City Parkway West

City: Orange
State: CA
Zip: 92868

Contact Title:
Name: Customer Service
Phone: 1-855-705-8823
Extension:
Fax:
Email: semerzian@caloptima.org
Address: 505 City Parkway West

City: Orange
State: CA
Zip: 92868
Last Updated: 03/04/2014

Legal Entity Name: OXFORD HEALTH PLANS (CT), INC.
Contract Number: H0755
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: 37,346

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

Legal Entity Name: OXFORD HEALTH PLANS (NJ), INC.
Contract Number: H3107
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: 75,986

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

Legal Entity Name: OXFORD HEALTH PLANS (NJ), INC.
Contract Number: H3113
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: 5,037

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

Legal Entity Name: OXFORD HEALTH PLANS (NY), INC.
Contract Number: H3307
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: 72,124

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

Legal Entity Name: PACE @ HOME, INC.
Contract Number: H4326
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: 95

Legal Entity Address: 1915 Fairgrove Church Road SE

City: Newton
State: NC
Zip: 28658

Contact Title: Program Director
Name: Emily Jones
Phone: 1-828-468-3980
Extension:
Fax: 1-828-464-2845
Email: ejones@pace-at-home.org
Address: 1915 Fairgrove Church Rd. SE

City: Newton
State: NC
Zip: 28658
Last Updated: 03/12/2015

Legal Entity Name: PACE GREATER NEW ORLEANS
Contract Number: H1904
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: 148

Legal Entity Address: 4201 N. Rampart Street

City: NEW ORLEANS
State: LA
Zip: 70117

Contact Title: Decision Support Manager
Name: Kurt Wootan
Phone: 1-504-945-1531
Extension:
Fax:
Email: kwootan@ccano.org
Address: 4201 N RAMPART ST

City: NEW ORLEANS
State: LA
Zip: 70117
Last Updated: 08/24/2012

Legal Entity Name: PACE IOWA
Contract Number: H0216
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: 111

Legal Entity Address: 1702 North 16th Street

City: Council Bluffs
State: IA
Zip: 51501

Contact Title: Director of Pathways (PACE) Operations
Name: Jill Nyquist
Phone: 1-402-829-3204
Extension:
Fax: 1-402-829-2939
Email: jnyquist@immanuelpathways.org
Address: 1044 North 115th Street, Suite 500

City: Omaha
State: NE
Zip: 68154
Last Updated: 05/17/2015

Legal Entity Name: PACE NEBRASKA
Contract Number: H7003
Organization Marketing Name: Immanuel Pathways
Parent Organization: Immanuel

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 03/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Kansas City
Enrollment: 83

Legal Entity Address: 5755 Sorensen Parkway

City: Omaha
State: NE
Zip: 68152

Contact Title: Director of Pathways (PACE) Operations
Name: Jill Nyquist
Phone: 1-402-829-3204
Extension:
Fax: 1-402-829-2939
Email: jnyquist@immanuelpathways.org
Address: 1044 North 115th Street, Suite 500

City: Omaha
State: NE
Zip: 68154
Last Updated: 05/17/2015

Legal Entity Name: PACE OF GUILFORD AND ROCKINGHAM COUNTIES, INC.
Contract Number: H6059
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: 152

Legal Entity Address: 1471 E. Cone Blvd

City: Greensboro
State: NC
Zip: 27405

Contact Title: Outreach Coordinator
Name: Nedra Baldwin
Phone: 1-336-550-4040
Extension:
Fax: 1-336-550-4044
Email: Nedra.Baldwin@pacetriad.org
Address: 1471 East Cone Blvd

City: Greensboro
State: NC
Zip: 27405
Last Updated: 06/06/2013

Legal Entity Name: PACE OF SOUTHWEST MICHIGAN, INC.
Contract Number: H0390
Organization Marketing Name: PACE of Southwest Michigan
Parent Organization: PACE of Southwest Michigan, Inc.

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: 127

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

Legal Entity Name: PACE OF THE SOUTHERN PIEDMONT, INC.
Contract Number: H4714
Organization Marketing Name: PACE of the Southern Piedmont, Inc.
Parent Organization: PACE of the Southern Piedmont, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 05/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 88

Legal Entity Address: 6133 The Plaza

City: Charlotte
State: NC
Zip: 28215

Contact Title:
Name: Toni Maddox
Phone: 1-704-887-3840
Extension: 3858
Fax: 1-704-887-3844
Email: toni.maddox@pacesp.com
Address: 6133 The Plaza

City: Charlotte
State: NC
Zip: 28215
Last Updated: 06/01/2015

Legal Entity Name: PACE ORGANIZATION OF RHODE ISLAND
Contract Number: H4105
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: 259

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

Legal Entity Name: PACIFICARE OF COLORADO, INC
Contract Number: H0609
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: 99,728

Legal Entity Address: 6455 YOSEMITE STREET

City: GREENWOOD VILLAG
State: CO
Zip: 80111

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: 12/21/2012

Legal Entity Name: PACIFICSOURCE COMMUNITY HEALTH PLANS
Contract Number: H3864
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: Not-for-Profit/Non-Profit
CMS Region Responsible: Seattle
Enrollment: 24,286

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

Legal Entity Name: PACIFICSOURCE COMMUNITY HEALTH PLANS
Contract Number: H4754
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: Not-for-Profit/Non-Profit
CMS Region Responsible: Seattle
Enrollment: 9,188

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

Legal Entity Name: PALMETTO HEALTH ALLIANCE
Contract Number: H4203
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: 280

Legal Entity Address: 15 Richland Medical Park Drive
Suite 203
City: COLUMBIA
State: SC
Zip: 29203

Contact Title: Planning and Marketing Coordinator
Name: Jacqueline Chappell
Phone: 1-803-434-3770
Extension:
Fax: 1-803-434-3773
Email: jacqueline.chappell@palmettohealth.org
Address: 15 Richland Medical Park Drive
Suite 203
City: Columbia
State: SC
Zip: 29203
Last Updated: 02/28/2013

Legal Entity Name: PARAMOUNT CARE, INC.
Contract Number: H3653
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: 15,058

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: Member Services
Phone: 1-800-462-3589
Extension:
Fax: 1-419-887-2047
Email: paramounthealthcare@promedica.org
Address: 1901 Indian Wood Circle
P.O. Box 928, Toledo, Ohio 43697
City: Maumee
State: OH
Zip: 43537
Last Updated: 03/14/2013

Legal Entity Name: PEACH STATE HEALTH PLAN, INC.
Contract Number: H7173
Organization Marketing Name: Peach State Health Plan
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: 102

Legal Entity Address: 1100 Circle 75 Parkway
Suite 1100
City: Atlanta
State: GA
Zip: 30339

Contact Title: VP, Medicare Operations
Name: Dietrick Williams
Phone: 1-678-556-2303
Extension:
Fax:
Email: diewilliams@centene.com
Address: 3200 Highlands Parkway SE
Suite 300
City: Smyrna
State: GA
Zip: 30082
Last Updated: 11/13/2014

Legal Entity Name: PENNSYLVANIA PACE, INC.
Contract Number: H3925
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: 175

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

Legal Entity Name: PEOPLES HEALTH, INC.
Contract Number: H1961
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: 53,916

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

Legal Entity Name: PHOENIX HEALTH PLANS, INC.
Contract Number: H5985
Organization Marketing Name: Phoenix Health Plans
Parent Organization: Tenet Healthcare Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2006
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 12,823

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

Legal Entity Name: PHYSICIANS HEALTH CHOICE OF TEXAS LLC
Contract Number: H4527
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: 27,426

Legal Entity Address: 8637 FREDERICKSBURG ROAD, SUITE 360
City: SAN ANTONIO
State: TX
Zip: 78240

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: 04/09/2014

Legal Entity Name: PIEDMONT COMMUNITY HEALTHCARE, INC.
Contract Number: H1659
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: 4,598

Legal Entity Address: 2316 Atherholt Road
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: 2316 Atherholt Road
City: Lynchburg
State: VA
Zip: 24501
Last Updated: 10/21/2013

Legal Entity Name: PIEDMONT HEALTH SERVICES, INC.
Contract Number: H9266
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: 199

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

Legal Entity Name: PIEDMONT WELLSTAR HEALTHPLANS, INC.
Contract Number: H9857
Organization Marketing Name: Piedmont WellStar HealthPlans
Parent Organization: Piedmont WellStar HealthPlans, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 12,798

Legal Entity Address: 2859 Paces Ferry Road
Suite 600
City: Atlanta
State: GA
Zip: 30339

Contact Title:
Name: Ryan Smith
Phone: 1-571-385-3490
Extension:
Fax:
Email: rsmith@evolenthealth.com
Address: 2859 Paces Ferry Road
Suite 600
City: Atlanta
State: GA
Zip: 30339
Last Updated: 12/22/2014

Legal Entity Name: PITTSBURGH CARE PARTNERSHIP, INC.
Contract Number: H3917
Organization Marketing Name: Community LIFE
Parent Organization: UPMC Health System

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: 503

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

Legal Entity Name: PMC MEDICARE CHOICE, LLC
Contract Number: H4004
Organization Marketing Name: PMC Medicare Choice
Parent Organization: InnovaCare 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: 28,853

Legal Entity Address: 350 Chard≤n Avenue
Suite 500, Torre Chard≤n
City: San Juan
State: PR
Zip: 009182137

Contact Title: AVP Enrollment and Membership Accounting
Name: Yamile Suarez
Phone: 1-787-622-3000
Extension: 1745
Fax: 1-787-999-2199
Email: Yamile.Suarez@mmmhc.com
Address: 350 Avénida Chardón
Torre Chardón, Suite 500
City: San Juan
State: PR
Zip: 00918-2137
Last Updated: 12/30/2013

Legal Entity Name: PREFERRED CARE PARTNERS, INC.
Contract Number: H1045
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: 54,913

Legal Entity Address: 9100 SOUTH DADELAND BLVD.
SUITE 1250
City: MIAMI
State: FL
Zip: 33156

Contact Title: Compliance Officer
Name: Annette C Onorati
Phone: 1-305-670-8438
Extension: 1225
Fax: 1-305-670-4529
Email: annette_onorati@uhc.com
Address: 9100 South Dadeland Blvd
Suite 1250
City: Miami
State: FL
Zip: 33156
Last Updated: 04/23/2014

Legal Entity Name: PREMERA BLUE CROSS
Contract Number: H7245
Organization Marketing Name: Premera Blue Cross Medicare Advantage
Parent Organization: Premera

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Seattle
Enrollment: 24,854

Legal Entity Address: 7001 220th St SW
City: Mountlake Terrace
State: WA
Zip: 98043

Contact Title:
Name: Customer Service
Phone: 1-888-850-8526
Extension:
Fax:
Email: christine.hastings@premera.com
Address: PO Box 4196
City: Portland
State: OR
Zip: 97208
Last Updated: 01/14/2015

Legal Entity Name: PREMIER HEALTH INSURING CORPORATION
Contract Number: H3233
Organization Marketing Name: Premier Health Plan
Parent Organization: Premier Health Partners

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 7,275

Legal Entity Address: 110 N Main Street
Suite 1200
City: Dayton
State: OH
Zip: 45402

Contact Title:
Name: Kelli Tittle
Phone: 1-855-572-2161
Extension:
Fax:
Email: KSTittle@premierhealth.com
Address: 110 North Main Street
Suite 1200
City: Dayto
State: OH
Zip: 45402
Last Updated: 05/18/2015

Legal Entity Name: PRESBYTERIAN HEALTH PLAN
Contract Number: H3204
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: 33,222

Legal Entity Address: 9521 San Mateo Blvd. NE
P.O. Box 27489
City: Albuquerque
State: NM
Zip: 87113

Contact Title: Presbyterian Customer Service Center
Name: PCSC Provider Care Unit
Phone: 1-505-923-5757
Extension:
Fax: 1-505-923-5124
Email: info@phs.org
Address: P.O. Box 27489
9521 San Mateo Blvd NE - Coop
City: Albuquerque
State: NM
Zip: 87113
Last Updated: 11/14/2014

Legal Entity Name: PRESBYTERIAN INSURANCE COMPANY, INC.
Contract Number: H3206
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: 8,610

Legal Entity Address: P.O. Box 27489
9521 San Mateo Blvd. NE
City: Albuquerque
State: NM
Zip: 87113

Contact Title: Presbyterian Customer Service Center
Name: PCSC Provider Care Unit
Phone: 1-505-923-5757
Extension:
Fax: 1-505-923-5124
Email: info@phs.org
Address: P.O. Box 27489
9521 San Mateo Blvd NE - Coop
City: Albuquerque
State: NM
Zip: 87113
Last Updated: 11/14/2014

Legal Entity Name: PRIMEWEST CTRL COUNTY-BASED PURCHASING INITIATIVE
Contract Number: H2416
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: 1,945

Legal Entity Address: 3905 DAKOTA ST
City: ALEXANDRIA
State: MN
Zip: 56308

Contact Title: Director of Communications
Name: Beth Hendrickson
Phone: 1-320-335-5338
Extension:
Fax: 1-320-762-8750
Email: beth.hendrickson@primewest.org
Address: PrimeWest Health
3905 Dakota St
City: Alexandria
State: MN
Zip: 56308
Last Updated: 03/23/2015

Legal Entity Name: PRIMEWEST CTRL COUNTY-BASED PURCHASING INTIATIVE
Contract Number: H2926
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: 262

Legal Entity Address: 3905 Dakota St
City: Alexandria
State: MN
Zip: 56308

Contact Title: Director of Communications
Name: Beth Hendrickson
Phone: 1-320-335-5338
Extension:
Fax: 1-320-762-8750
Email: beth.hendrickson@primewest.org
Address: PrimeWest Health
3905 Dakota St
City: Alexandria
State: MN
Zip: 56308
Last Updated: 03/23/2015

Legal Entity Name: PRIORITY HEALTH
Contract Number: H2320
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: 80,926

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

Legal Entity Name: PRIORITY HEALTH
Contract Number: H4875
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: 17,531

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

Legal Entity Name: PROMINENCE HEALTHFIRST
Contract Number: H5945
Organization Marketing Name: Prominence Health Plan
Parent Organization: Universal Health Services, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 1,639

Legal Entity Address: 1510 Meadow Wood Lane

City: Reno
State: NV
Zip: 89502

Contact Title: Federal and State Medicare Compliance Auditor
Name: Tracy Croxon
Phone: 1-775-770-9236
Extension:
Fax:
Email: tracy.croxon@uhsinc.com
Address: 1510 Meadow Wood Ln

City: Reno
State: NV
Zip: 89502
Last Updated: 01/06/2015

Legal Entity Name: PROMINENCE HEALTHFIRST OF TEXAS
Contract Number: H7680
Organization Marketing Name: Prominence Health Plan
Parent Organization: Universal Health Services, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 434

Legal Entity Address: 1510 Meadow Wood Lane

City: Reno
State: NV
Zip: 89502

Contact Title: Federal and State Medicare Compliance Auditor
Name: Tracy Croxon
Phone: 1-775-770-9236
Extension:
Fax:
Email: tracy.croxon@uhsinc.com
Address: 1510 Meadow Wood Ln

City: Reno
State: NV
Zip: 89502
Last Updated: 01/06/2015

Legal Entity Name: PROVIDENCE HEALTH & SERVICES - OREGON
Contract Number: H3809
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: 1,057

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

Legal Entity Name: PROVIDENCE HEALTH PLAN
Contract Number: H9047
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: 47,249

Legal Entity Address: 3601 SW MURRAY BLVD.
SUITE 10
City: BEAVERTON
State: OR
Zip: 97005

Contact Title: Senior Manager, Medicare Compliance Program
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: 08/01/2014

Legal Entity Name: PROVIDENCE HEALTH SYSTEM
Contract Number: H5007
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: 492

Legal Entity Address: 4515 MARTIN LUTHER KING JR.WAY SOUTH STE 10
City: SEATTLE
State: WA
Zip: 98108

Contact Title: Health Plan Data Analyst
Name: Charlene Nichols
Phone: 1-206-320-5325
Extension:
Fax: 1-206-760-6339
Email: charlene.nichols@providence.org
Address: 4515 Martin Luther King Jr. Way S. Ste. 100
City: Seattle
State: WA
Zip: 98108
Last Updated: 07/24/2014

Legal Entity Name: QCC INSURANCE COMPANY
Contract Number: H3909
Organization Marketing Name: Personal Choice 65 PPO
Parent Organization: Independence Health Group, Inc.

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: 8,895

Legal Entity Address: 1901 MARKET STREET
35TH FLOOR
City: PHILADELPHIA
State: PA
Zip: 191031480

Contact Title:
Name: Customer Service
Phone: 1-888-718-3333
Extension:
Fax:
Email: info@ibxmedicare.com
Address: PO Box 7799
City: Philadelphia
State: PA
Zip: 19101-7799
Last Updated: 04/29/2015

Legal Entity Name: QUALITY HEALTH PLANS OF NEW YORK, INC.
Contract Number: H2773
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: New York
Enrollment: 700

Legal Entity Address: 2805 Veterans Memorial Highway, Suite 17
City: Ronkonkoma
State: NY
Zip: 11779

Contact Title: Compliance Officer
Name: Monique Slater
Phone: 1-631-403-4265
Extension: 119
Fax: 1-631-403-4266
Email: cdgroupny@qualityhealthplansny.com
Address: 2805 Veterans Memorial Highway, Suite 17
City: Ronkonkoma
State: NY
Zip: 11779
Last Updated: 10/22/2014

Legal Entity Name: REGENCE BLUE SHIELD OF IDAHO
Contract Number: H1304
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: 7,967

Legal Entity Address: 200 SW Market St
City: Portland
State: OR
Zip: 97201

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

Legal Entity Name: REGENCE BLUE SHIELD OF IDAHO
Contract Number: H1969
Organization Marketing Name: Regence BlueShield of Idaho
Parent Organization: Cambia Health Solutions, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Seattle
Enrollment: 1,215

Legal Entity Address: 200 SW Market St
City: Portland
State: OR
Zip: 97201

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: 01/27/2014

Legal Entity Name: REGENCE BLUECROSS BLUESHIELD OF OREGON
Contract Number: H3817
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: 64,314

Legal Entity Address: 200 SW Market St
City: Portland
State: OR
Zip: 97201

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

Legal Entity Name: REGENCE BLUECROSS BLUESHIELD OF OREGON
Contract Number: H6237
Organization Marketing Name: Regence BlueCross BlueShield of Oregon
Parent Organization: Cambia Health Solutions, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Seattle
Enrollment: 2,139

Legal Entity Address: 200 SW Market St
City: Portland
State: OR
Zip: 97201

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: 01/07/2013

Legal Entity Name: REGENCE BLUECROSS BLUESHIELD OF UTAH
Contract Number: H4605
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: 12,348

Legal Entity Address: 200 SW Market St

City: Portland
State: OR
Zip: 97201

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

Legal Entity Name: REGENCE BLUECROSS BLUESHIELD OF UTAH
Contract Number: H9110
Organization Marketing Name: Regence BlueCross BlueShield of Utah
Parent Organization: Cambia Health Solutions, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Seattle
Enrollment: 1,495

Legal Entity Address: 200 SW Market St

City: Portland
State: OR
Zip: 97201

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: 01/07/2013

Legal Entity Name: REGENCE BLUESHIELD
Contract Number: H1997
Organization Marketing Name: Regence BlueShield
Parent Organization: Cambia Health Solutions, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Seattle
Enrollment: 1,439

Legal Entity Address: 200 SW Market St

City: Portland
State: OR
Zip: 97201

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: 01/07/2013

Legal Entity Name: REGENCE BLUESHIELD
Contract Number: H5009
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: 29,132

Legal Entity Address: 200 SW Market St

City: Portland
State: OR
Zip: 97201

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

Legal Entity Name: RIVERLINK HEALTH
Contract Number: H9208
Organization Marketing Name: RiverLink Health
Parent Organization: Catholic Health Initiatives

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Denver
Enrollment: 1,047

Legal Entity Address: 619 Oak St

City: Cincinnati
State: OH
Zip: 45206

Contact Title: VP, Medicare Advantage Sales & Marketing
Name: Kim Heuss
Phone: 1-253-345-5555
Extension: 4305
Fax: 1-253-779-8829
Email: Kim.Heuss@prominencehealth.com
Address: 32129 Weyerhaeuser Way S., Suite 201

City: Federal Way
State: WA
Zip: 98001
Last Updated: 02/25/2015

Legal Entity Name: RIVERSIDE RETIREMENT SERVICES, INC.
Contract Number: H8655
Organization Marketing Name: Riverside PACE
Parent Organization: Riverside Healthcare Association

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: 517

Legal Entity Address: 1020 Old Denbigh Blvd.

City: Newport News
State: VA
Zip: 23602

Contact Title: Business Manager
Name: Courtney Berg
Phone: 1-757-234-8433
Extension:
Fax: 1-757-369-8812
Email: courtney.berg@rivhs.com
Address: 439 Oriana Road Suite B

City: Newport News
State: VA
Zip: 23608
Last Updated: 12/20/2013

Legal Entity Name: ROCKY MOUNTAIN HEALTH CARE SERVICES
Contract Number: H5167
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: 216

Legal Entity Address: 2335 Robinson Street

City: Colorado Springs
State: CO
Zip: 80904

Contact Title: VP
Name: Kris Abbott
Phone: 1-719-314-2327
Extension: 335
Fax: 1-719-314-2339
Email: kabbott@rmhcare.org
Address: 3225 Robinson St

City: Colorado Springs
State: CO
Zip: 80904
Last Updated: 12/06/2014

Legal Entity Name: ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION
Contract Number: H0602
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: 24,304

Legal Entity Address: 2775 CROSSROADS BLVD

City: GRAND JUNCTION
State: CO
Zip: 81506

Contact Title:
Name: Customer Service
Phone: 1-970-243-7050
Extension:
Fax:
Email: customerservice@rmhp.org
Address: PO Box 10600

City: Grand Junction
State: CO
Zip: 81506
Last Updated: 04/12/2013

Legal Entity Name: SAMARITAN HEALTH PLANS, INC.
Contract Number: H3811
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: 4,940

Legal Entity Address: 815 NW 9TH STREET, SUITE 103
3600 NW Samaritan Dr.
City: CORVALLIS
State: OR
Zip: 97330

Contact Title: Manager of Marketing
Name: Cristie Lynch
Phone: 1-541-768-4552
Extension:
Fax: 1-541-768-4294
Email: shpocompliance@samhealth.org
Address: 815 NW 9th Street
Suite 101
City: Corvallis
State: OR
Zip: 97330
Last Updated: 01/22/2015

Legal Entity Name: SAN MATEO HEALTH COMMISSION
Contract Number: H5428
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: 793

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

Legal Entity Name: SAN MATEO HEALTH COMMISSION
Contract Number: H7885
Organization Marketing Name: Health Plan of San Mateo
Parent Organization: Health Plan of San Mateo

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 04/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 10,087

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: 04/16/2012

Legal Entity Name: SAN YSIDRO HEALTH CENTER
Contract Number: H9616
Organization Marketing Name: San Diego PACE
Parent Organization: Centro de Salud de la Comunidad de San Ysidro

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 04/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: *

Legal Entity Address: 1275 30th Street
City: San Diego
State: CA
Zip: 92154

Contact Title: Vice President of Senior Health Services
Name: Rosana Scolari
Phone: 1-619-662-4100
Extension: 4192
Fax:
Email: Rscolari@SYHC.org
Address: 1275 30th Street
City: San Diego
State: CA
Zip: 92154
Last Updated: 01/14/2015

Legal Entity Name: SANFORD HEART OF AMERICA HEALTH PLAN
Contract Number: H3503
Organization Marketing Name: Sanford Heart of America Health Plan
Parent Organization: Sanford 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: 330

Legal Entity Address: 300 Cherapa Place, #201
PO Box 91110
City: Sioux Falls
State: SD
Zip: 57109

Contact Title: Director of Planning & Regulation
Name: Lisa M Carlson
Phone: 1-605-328-6859
Extension:
Fax: 1-605-328-6811
Email: Lisa.m.carlson@sanfordhealth.org
Address: 300 Cherapa Place, Suite 201
PO Box 91110
City: Sioux Falls
State: SD
Zip: 57109-1110
Last Updated: 02/03/2014

Legal Entity Name: SANTA CLARA COUNTY HEALTH AUTHORITY
Contract Number: H7890
Organization Marketing Name: Santa Clara Family Health Plan Cal MediConnect
Parent Organization: SANTA CLARA COUNTY HEALTH AUTHORITY

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 7,328

Legal Entity Address: 210 E. Hacienda Avenue

City: Campbell
State: CA
Zip: 95008

Contact Title:
Name: Member Services
Phone: 1-877-723-4795
Extension:
Fax:
Email: callcentermanagement@scfhp.com
Address: 210 E. Hacienda Avenue
City: Campbell
State: CA
Zip: 95008
Last Updated: 12/12/2014

Legal Entity Name: SANTE FE EMPLOYEES HOSPITAL ASSOCIATION
Contract Number: H6053
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: 684

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: budov1@aol.com
Address: 551 E. San Bernardino Road,
City: Covina
State: CA
Zip: 91723
Last Updated: 03/13/2014

Legal Entity Name: SCAN HEALTH PLAN
Contract Number: H5425
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: 157,871

Legal Entity Address: 3800 Kilroy Aiport Way
Suite 100
City: Long Beach
State: CA
Zip: 90806

Contact Title: Director, 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: 05/27/2014

Legal Entity Name: SCAN HEALTH PLAN
Contract Number: H5943
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: 1,063

Legal Entity Address: 3800 Kilroy Airport Way
Suite 100
City: Long Beach
State: CA
Zip: 90806

Contact Title: Director, 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: 05/27/2014

Legal Entity Name: SCAN HEALTH PLAN
Contract Number: H9104
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: 1,018

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

Legal Entity Name: SCOTT AND WHITE HEALTH PLAN
Contract Number: H4564
Organization Marketing Name: Scott and White Health Plan SeniorCare
Parent Organization: Baylor Scott & White Holdings

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: 28,120

Legal Entity Address: 1206 West Campus Drive
City: TEMPLE
State: TX
Zip: 76502

Contact Title: Call Center
Name: Customer Service
Phone: 1-866-334-3141
Extension:
Fax:
Email: blee@sw.org
Address: 1206 West Campus Drive
City: Temple
State: TX
Zip: 76502
Last Updated: 06/09/2014

Legal Entity Name: SECURITY HEALTH PLAN OF WISCONSIN, INC.
Contract Number: H5211
Organization Marketing Name: Security Health Plan of Wisconsin, Inc.
Parent Organization: Marshfield Clinic Health System, Inc.

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: 42,946

Legal Entity Address: 1515 SAINT JOSEPH AVENUE
PO Box 8000
City: MARSHFIELD
State: WI
Zip: 54449

Contact Title: Customer Service Manager
Name: April Bores
Phone: 1-877-998-0998
Extension: 19412
Fax: 1-715-221-9500
Email: bores.april@securityhealth.org
Address: 1515 Saint Joseph Avenue
PO Box 8000
City: Marshfield
State: WI
Zip: 54449-8000
Last Updated: 11/21/2013

Legal Entity Name: SECURITYCARE OF TENNESSEE, INC.
Contract Number: H8146
Organization Marketing Name: BlueChoice Tennessee
Parent Organization: BlueCross BlueShield of Tennessee

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 2,072

Legal Entity Address: 1 Cameron Hill Circle
City: Chattanooga
State: TN
Zip: 37402

Contact Title: Supervisor Operations (QIP)
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: 01/18/2013

Legal Entity Name: SELECT HEALTH OF SOUTH CAROLINA, INC.
Contract Number: H8213
Organization Marketing Name: FIRST CHOICE VIP CARE PLUS
Parent Organization: Independence Blue Cross

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 02/01/2015
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 432

Legal Entity Address: 4930 Belle Oaks Drive
400
City: North Charleston
State: SC
Zip: 294058561

Contact Title: Dir.,Medicare Member, Provider, Customer Service
Name: Geoffrey Vitrano
Phone: 1-800-450-1166
Extension:
Fax:
Email: GVitrano@Amerihealthcaritas.com
Address: Amerihealth Caritas Family of Companies
200 Stevens Dr
City: Philadelphia
State: PA
Zip: 19113
Last Updated: 08/21/2014

Legal Entity Name: SELECTCARE HEALTH PLANS, INC.
Contract Number: H5656
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: 3,900

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 300
City: Houston
State: TX
Zip: 77081
Last Updated: 04/12/2013

Legal Entity Name: SELECTCARE OF TEXAS, INC.
Contract Number: H4506
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: 62,779

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 300
City: Houston
State: TX
Zip: 77081
Last Updated: 04/12/2013

Legal Entity Name: SELECTHEALTH, INC.
Contract Number: H1994
Organization Marketing Name: SelectHealth
Parent Organization: Intermountain Health Care, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Denver
Enrollment: 31,990

Legal Entity Address: 5381 Green Street

City: Murray
State: UT
Zip: 84123

Contact Title: Director of Medicare Programs and Products
Name: Mark Richardson
Phone: 1-801-442-8210
Extension:
Fax:
Email: mark.richardson@selecthealth.org
Address: 5381 S Green St

City: Murray
State: UT
Zip: 84123
Last Updated: 02/28/2013

Legal Entity Name: SENIOR CARE CONNECTION, INC.
Contract Number: H3322
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: 151

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

Legal Entity Name: SENIOR LIFE ALTOONA, INC.
Contract Number: H5902
Organization Marketing Name: Senior LIFE Ebensburg
Parent Organization: Senior LIFE Altoona, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 05/01/2011
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 168

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

Legal Entity Name: SENIOR LIFE GREENSBURG, INC.
Contract Number: H2937
Organization Marketing Name: Westmoreland county PACE
Parent Organization: Senior LIFE Greensburg, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 02/01/2013
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 142

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: 06/01/2011

Legal Entity Name: SENIOR LIFE LEHIGH VALLEY, INC.
Contract Number: H5978
Organization Marketing Name: PHI LIFE dba everyday LIFE
Parent Organization: Senior LIFE Lehigh Valley, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 02/01/2009
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 130

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: 03/24/2014

Legal Entity Name: SENIOR LIFE YORK, INC.
Contract Number: H0819
Organization Marketing Name: York County PACE
Parent Organization: Senior LIFE York, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 05/01/2011
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 110

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

Legal Entity Name: SENIOR TOTAL LIFE CARE, INC.
Contract Number: H4235
Organization Marketing Name: Senior Total Life Care
Parent Organization: CaroMont Health, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 98

Legal Entity Address: 1875 Remount Road

City: Gastonia
State: NC
Zip: 28054

Contact Title: Executive Director
Name: Cathy Kenzig
Phone: 1-704-874-0603
Extension:
Fax:
Email: ckenzig@seniorTLC.org
Address: 1875 Remount Rd.

City: Gastonia
State: NC
Zip: 28054
Last Updated: 12/29/2014

Legal Entity Name: SENIOR WHOLE HEALTH OF NEW YORK, INC.
Contract Number: H5992
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: 61

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

Legal Entity Name: SENIOR WHOLE HEALTH OF NEW YORK, INC.
Contract Number: H8851
Organization Marketing Name: Senior Whole Health of New York
Parent Organization: SWH Holdings, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 62

Legal Entity Address: Trinity Center
111 Broadway Suite 1505
City: New York
State: NY
Zip: 10006

Contact Title: Manager Marketing
Name: Lynne Marshall
Phone: 1-617-494-5353
Extension: 6378
Fax: 1-617-494-5599
Email: LMarshall@seniorwholehealth.com
Address: 58 Charles Street, 2nd Floor
City: Cambridge
State: MA
Zip: 02141
Last Updated: 06/23/2014

Legal Entity Name: SENIOR WHOLE HEALTH, LLC
Contract Number: H2224
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: 10,315

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

Legal Entity Name: SENIORLIFE WASHINGTON, INC.
Contract Number: H2992
Organization Marketing Name: Senior LIFE Washington / Uniontown / Green
Parent Organization: SeniorLife Washington, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 05/01/2011
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 423

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

Legal Entity Name: SENTARA LIFE CARE CORPORATION, INC
Contract Number: H2941
Organization Marketing Name: Sentara PACE
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: 250

Legal Entity Address: 251 S. NEWTOWN ROAD
City: NORFOLK
State: VA
Zip: 23502

Contact Title: Program Director
Name: Suzanne Coyner
Phone: 1-757-892-5400
Extension:
Fax: 1-757-892-5401
Email: sscoyner@sentara.com
Address: 251 S. Newtown Road
City: Norfolk
State: VA
Zip: 23502
Last Updated: 05/19/2014

Legal Entity Name: SERENITY CARE, INC.
Contract Number: H0477
Organization Marketing Name: Serenity Care PACE
Parent Organization: Serenity Care, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 05/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 52

Legal Entity Address: P.O. Box 2006
City: Andover
State: MA
Zip: 01810

Contact Title:
Name: Bob Tannery
Phone: 1-888-278-7000
Extension:
Fax:
Email: sales@pharmastarpbm.com
Address: P.O.Box
City: Eau Claire
State: WI
Zip: 54702
Last Updated: 04/23/2013

Legal Entity Name: SHA, L.L.C
Contract Number: H4525
Organization Marketing Name: FirstCare Advantage
Parent Organization: Covenant Health - Hendrick Medical Center

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 07/01/2005
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 3,233

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

Legal Entity Name: SHARP HEALTH PLAN
Contract Number: H5386
Organization Marketing Name: North County Select
Parent Organization: Sharp Healthcare

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 87

Legal Entity Address: 8520 Tech Way
Suite 200
City: San Diego
State: CA
Zip: 921231450

Contact Title: Vice President and Chief Operating Officer
Name: Leslie Pels-Beck
Phone: 1-858-499-8244
Extension:
Fax:
Email: Leslie.Pels-Beck@sharp.com
Address: 8520 Tech Way
Suite 200
City: San Diego
State: CA
Zip: 92123-1450
Last Updated: 02/21/2014

Legal Entity Name: SIDNEY HILLMAN HC
Contract Number: H6141
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: 720

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

Legal Entity Name: SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
Contract Number: H2001
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: 610,611

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

Legal Entity Name: SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
Contract Number: H2406
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: 885

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

Legal Entity Name: SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
Contract Number: H2905
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: 3,521

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

Legal Entity Name: SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
Contract Number: H5652
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: 4,565

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

Legal Entity Name: SIMPLY HEALTHCARE PLANS, INC.
Contract Number: H5471
Organization Marketing Name: Simply Healthcare Plans, Inc.
Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2012
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 21,496

Legal Entity Address: 1701 Ponce de Leon Blvd.
Suite 300
City: Coral Gables
State: FL
Zip: 33134

Contact Title: Manager of Member Services
Name: Arielle Faria
Phone: 1-786-441-8340
Extension:
Fax: 1-305-408-5880
Email: info@simplyhealthcareplans.com
Address: 1701 Ponce de Leon Blvd

City: Coral Gables
State: FL
Zip: 33134
Last Updated: 08/12/2014

Legal Entity Name: SIOUXLAND PACE, INC.
Contract Number: H8424
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: 138

Legal Entity Address: 309 Cook St

City: Sioux City
State: IA
Zip: 51103

Contact Title: Executive Director
Name: Randall S Ehlers
Phone: 1-712-224-7223
Extension:
Fax: 1-712-224-7253
Email: Randy.Ehlers@unitypoint.org
Address: 309 Cook St

City: Sioux City
State: IA
Zip: 51103
Last Updated: 03/24/2014

Legal Entity Name: SOUNDPATH HEALTH
Contract Number: H9302
Organization Marketing Name: Soundpath Health
Parent Organization: Catholic Health Initiatives

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2008
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 20,867

Legal Entity Address: 32129 Weyerhaeuser Way S
Suite 201
City: Federal Way
State: WA
Zip: 980019911

Contact Title: VP, Medicare Advantage Sales & Marketing
Name: Kim Heuss
Phone: 1-253-345-5555
Extension: 4305
Fax: 1-253-779-8829
Email: Kim.Heuss@prominencehealth.com
Address: 32129 Weyerhaeuser Way S., Suite 201

City: Federal Way
State: WA
Zip: 98001
Last Updated: 02/25/2015

Legal Entity Name: SOUTH COUNTRY HEALTH ALLIANCE
Contract Number: H2419
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: 1,555

Legal Entity Address: 2300 Park Drive
Suite 100
City: OWATONNA
State: MN
Zip: 55060

Contact Title: Member Services Department
Name: Member Services
Phone: 1-866-567-7242
Extension:
Fax: 1-507-431-6328
Email: members@mnscha.org
Address: 2300 Park Drive, Suite 100

City: Owatonna
State: MN
Zip: 55060
Last Updated: 06/05/2013

Legal Entity Name: SOUTH COUNTRY HEALTH ALLIANCE
Contract Number: H5703
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: 601

Legal Entity Address: 2300 Park Drive
Suite 100
City: Owatonna
State: MN
Zip: 55060

Contact Title: Member Services Department
Name: Member Services
Phone: 1-866-567-7242
Extension:
Fax: 1-507-431-6328
Email: members@mnscha.org
Address: 2300 Park Drive, Suite 100

City: Owatonna
State: MN
Zip: 55060
Last Updated: 06/05/2013

Legal Entity Name: SOUTH JERSEY HEALTHCARE LIFE, INC.
Contract Number: H6887
Organization Marketing Name: Inspira Health Network 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: 171

Legal Entity Address: 2445 Delsea Drive

City: Vineland
State: NJ
Zip: 08360

Contact Title: Director of Finance
Name: Dana Palma
Phone: 1-856-362-4516
Extension:
Fax: 1-856-575-4929
Email: PalmaD@ihn.org
Address: 2445 Delsea Drive

City: Vineland
State: NJ
Zip: 08360
Last Updated: 03/19/2014

Legal Entity Name: SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION
Contract Number: H5580
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: 17,518

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: WaldbilligC@aetna.com
Address: 4350 E Cotton Center Boulevard
Bldg D
City: Phoenix
State: AZ
Zip: 85040
Last Updated: 07/21/2014

Legal Entity Name: ST. AGNES CONTINUING CARE CENTER
Contract Number: H3919
Organization Marketing Name: Mercy LIFE
Parent Organization: Trinity Health

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: 589

Legal Entity Address: 1930 South Broad Street

City: PHILADELPHIA
State: PA
Zip: 19145

Contact Title: Account Representative
Name: Kim Brewington
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: 08/27/2012

Legal Entity Name: STABLEVIEW HEALTH
Contract Number: H9492
Organization Marketing Name: StableView Health
Parent Organization: Catholic Health Initiatives

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Denver
Enrollment: 75

Legal Entity Address: 1733 Harrodsburg Rd
Ste 220
City: Lexington
State: KY
Zip: 40504

Contact Title: VP, Medicare Advantage Sales & Marketing
Name: Kim Heuss
Phone: 1-253-345-5555
Extension: 4305
Fax: 1-253-779-8829
Email: Kim.Heuss@prominencehealth.com
Address: 32129 Weyerhaeuser Way S., Suite 201
City: Federal Way
State: WA
Zip: 98001
Last Updated: 02/25/2015

Legal Entity Name: STAYWELL SENIOR CARE, INC.
Contract Number: H1533
Organization Marketing Name: StayWell Senior Care
Parent Organization: Randolph Hospital, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 12/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 28

Legal Entity Address: 809 Curry Dr.
City: Asheboro
State: NC
Zip: 27205

Contact Title: Executive Director
Name: Tracey Murphy
Phone: 1-336-628-4200
Extension:
Fax: 1-336-628-4235
Email: tmurphy@staywellseniorcare.org
Address: 809 Curry Dr.
City: Asheboro
State: NC
Zip: 27205
Last Updated: 05/15/2014

Legal Entity Name: SUMMACARE INC.
Contract Number: H3660
Organization Marketing Name: SummaCare Medicare Advantage Plans
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: 26,723

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: 10/05/2012

Legal Entity Name: SUNCOAST PACE, INC.
Contract Number: H3430
Organization Marketing Name: Suncoast PACE, 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: 202

Legal Entity Address: 5771 Roosevelt Blvd.
City: Clearwater
State: FL
Zip: 33760

Contact Title: Executive Director
Name: Stephanie Sessions
Phone: 1-727-289-0062
Extension:
Fax: 1-727-523-2497
Email: stephaniesessions@suncoastpace.org
Address: 5771 Roosevelt Blvd
City: Clearwater
State: FL
Zip: 33760
Last Updated: 02/25/2014

Legal Entity Name: SUNSHINE STATE HEALTH PLAN, INC.
Contract Number: H5190
Organization Marketing Name: Sunshine Health
Parent Organization: Centene Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 671

Legal Entity Address: 1301 International Pkwy
Suite 400
City: Sunrise
State: FL
Zip: 33323

Contact Title:
Name: Member Services
Phone: 1-877-935-8022
Extension:
Fax:
Email: mijones@centene.com
Address: 1301 International Parkway
Suite 400
City: Sunrise
State: FL
Zip: 33323
Last Updated: 03/04/2015

Legal Entity Name: SUPERIOR HEALTH PLAN, INC.
Contract Number: H5294
Organization Marketing Name: 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: 1,434

Legal Entity Address: The Regency Building, Suite 200
2100 South IH-35
City: Austin
State: TX
Zip: 78704

Contact Title:
Name: Member Services
Phone: 1-877-935-8023
Extension:
Fax:
Email: mijones@centene.com
Address: 2100 South IH - 35
Suite 200
City: Austin
State: TX
Zip: 78704
Last Updated: 03/04/2015

Legal Entity Name: SUPERIOR HEALTH PLAN, INC.
Contract Number: H6870
Organization Marketing Name: Superior HealthPlan
Parent Organization: Centene Corporation

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 03/01/2015
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 8,435

Legal Entity Address: 2100 South IH-35
Suite 202
City: Austin
State: TX
Zip: 78704

Contact Title:
Name: Member Services
Phone: 1-866-896-1844
Extension:
Fax:
Email: mijones@centene.com
Address: 2100 South IH - 35
Suite 200
City: Austin
State: TX
Zip: 78704
Last Updated: 03/04/2015

Legal Entity Name: SUTTER HEALTH SACRAMENTO SIERRA REGION
Contract Number: H5406
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: 223

Legal Entity Address: 7000 Franklin Blvd., Suite 1020
City: Sacramento
State: CA
Zip: 95823

Contact Title: Admin. Director
Name: Sharon K Hilton
Phone: 1-916-491-3404
Extension:
Fax: 1-916-491-3484
Email: hiltonsk@sutterhealth.org
Address: 7000 Franklin Blvd., Ste. 1020
City: Sacramento
State: CA
Zip: 95823
Last Updated: 02/03/2015

Legal Entity Name: THE CONTRA COSTA HEALTH PLAN
Contract Number: H0502
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: 450

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

Legal Entity Name: THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION
Contract Number: H2109
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: 134

Legal Entity Address: 4940 EASTERN AVENUE
MASON LORD BLDG.,EAST TOWER 1ST FLR
City: BALTIMORE
State: MD
Zip: 21224

Contact Title: Director
Name: Jonathan Aistrop
Phone: 1-410-550-7044
Extension:
Fax: 1-410-550-7045
Email: jaistro1@jhmi.edu
Address: 4940 Eastern Avenue, Mason Lord Bldg., East Tower, First Floor
City: Baltimore
State: MD
Zip: 21224
Last Updated: 01/31/2013

Legal Entity Name: THE LUTHERAN HOME FOR THE AGED
Contract Number: H4999
Organization Marketing Name: LIFE Northwestern Pennsylvania
Parent Organization: The Lutheran Home for The Aged

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 84

Legal Entity Address: 149 West 22nd Street
City: Erie
State: PA
Zip: 165022899

Contact Title: CEO
Name: Mark J Gusek
Phone: 1-814-456-5433
Extension:
Fax:
Email: MedD-CEO@lifenwpa.org
Address: LIFE-NWPA -- MED-D Administration
149 West 22nd St.
City: Erie
State: PA
Zip: 16502
Last Updated: 05/10/2013

Legal Entity Name: THE METHODIST OAKS
Contract Number: H0105
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: 120

Legal Entity Address: 153 Founders Ct
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: debbie@theoakssc.com
Address: P.O.Drawer 327
City: Orangeburg
State: SC
Zip: 29116
Last Updated: 09/19/2012

Legal Entity Name: THE NEW YORK STATE CATHOLIC HEALTH PLAN, INC.
Contract Number: H1916
Organization Marketing Name: Fidelis Care
Parent Organization: The New York State Catholic Health Plan, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 284

Legal Entity Address: 95-26 Queens Boulevard

City: Rego Park
State: NY
Zip: 11374

Contact Title: Vice President, Member Services & Enrollment
Name: Brian Cummings
Phone: 1-800-247-1447
Extension:
Fax:
Email: bcumming@fideliscare.org
Address: 95-25 Queens Boulevard

City: Rego Park
State: NY
Zip: 11374
Last Updated: 04/08/2013

Legal Entity Name: THE NEW YORK STATE CATHOLIC HEALTH PLAN, INC.
Contract Number: H3328
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: 37,818

Legal Entity Address: 95-25 QUEENS BOULEVARD

City: REGO PARK
State: NY
Zip: 11374

Contact Title: Vice President, Member Services & Enrollment
Name: Brian Cummings
Phone: 1-800-247-1447
Extension:
Fax:
Email: bcumming@fideliscare.org
Address: 95-25 Queens Boulevard

City: Rego Park
State: NY
Zip: 11374
Last Updated: 04/08/2013

Legal Entity Name: THE WASHTENAW PACE
Contract Number: H4118
Organization Marketing Name: Huron Valley PACE
Parent Organization: Utd Methodist Retirement Communities of SE MI

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 02/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 57

Legal Entity Address: 2940 Ellsworth Rc.

City: Ypsilanti
State: MI
Zip: 48197

Contact Title: Executive Director
Name: Rick Bluhm
Phone: 1-734-572-5777
Extension:
Fax:
Email: rbluhm@hvpace.org
Address: 2940 Ellsworth

City: Ypsilanti
State: MI
Zip: 48197
Last Updated: 07/19/2013

Legal Entity Name: THP INSURANCE COMPANY
Contract Number: H8604
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: 692

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

Legal Entity Name: TOTAL COMMUNITY CARE, L.L.C.
Contract Number: H5213
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: 369

Legal Entity Address: 904 LAS LOMAS N.E.

City: Albuquerque
State: NM
Zip: 87102

Contact Title: Vice President of Marketing
Name: Elizabeth Moroney
Phone: 1-303-869-4664
Extension:
Fax: 1-303-996-1600
Email: emoroney@myinnovage.org
Address: 8950 East Lowry Boulevard

City: Denver
State: CO
Zip: 80230
Last Updated: 06/17/2013

Legal Entity Name: TOTAL LIFE HEALTHCARE
Contract Number: H4305
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: 164

Legal Entity Address: 225 East Jackson #92
505 E. Matthews
City: Jonesboro
State: AR
Zip: 72401

Contact Title: Finance Manager
Name: Terry Combs
Phone: 1-870-207-7502
Extension:
Fax: 1-870-207-0527
Email: tcombs@sbrmc.org
Address: 225 East Jackson #92

City: Jonesboro
State: AR
Zip: 72401
Last Updated: 05/13/2013

Legal Entity Name: TOTAL LONGTERM CARE, INC.
Contract Number: H0613
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: 2,082

Legal Entity Address: 8950 E. Lowry Blvd.

City: DENVER
State: CO
Zip: 80230

Contact Title: Vice President of Marketing
Name: Elizabeth Moroney
Phone: 1-303-869-4664
Extension:
Fax: 1-303-996-1600
Email: emoroney@myinnovage.org
Address: 8950 East Lowry Boulevard

City: Denver
State: CO
Zip: 80230
Last Updated: 05/31/2013

Legal Entity Name: TOTAL LONGTERM CARE, INC.
Contract Number: H6079
Organization Marketing Name: InnovAge Greater California PACE
Parent Organization: Total Community Options, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 03/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 102

Legal Entity Address: 410 E. Parkcenter Circle North

City: San Bernadino
State: CA
Zip: 92408

Contact Title: Vice President of Marketing
Name: Elizabeth Moroney
Phone: 1-303-869-4664
Extension:
Fax: 1-303-996-1600
Email: emoroney@myinnovage.org
Address: 8950 East Lowry Boulevard

City: Denver
State: CO
Zip: 80230
Last Updated: 06/03/2013

Legal Entity Name: TOTAL SENIOR CARE, INC.
Contract Number: H8800
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: 93

Legal Entity Address: 519 North Union St

City: Olean
State: NY
Zip: 14760

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 Name: TOUCHSTONE HEALTH HMO, INC.
Contract Number: H3327
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: 11,566

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

Legal Entity Name: TRILLIUM COMMUNITY HEALTH PLAN
Contract Number: H2174
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: 3,846

Legal Entity Address: 1800 Millrace Drive

City: Eugene
State: OR
Zip: 97403

Contact Title: Chief Administrative Officer
Name: Shannon D Conley
Phone: 1-541-431-1950
Extension:
Fax: 1-541-434-1067
Email: sconley@trilliumchp.com
Address: 1800 Millrace Drive

City: Eugene
State: OR
Zip: 97403
Last Updated: 11/13/2013

Legal Entity Name: TRILLIUM COMMUNITY HEALTH PLAN
Contract Number: H6951
Organization Marketing Name: Trillium Advantage
Parent Organization: Agate Resources, Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 380

Legal Entity Address: 1800 Millrace Drive

City: Eugene
State: OR
Zip: 97401

Contact Title: Chief Administrative Officer
Name: Shannon D Conley
Phone: 1-541-431-1950
Extension:
Fax: 1-541-434-1067
Email: sconley@trilliumchp.com
Address: 1800 Millrace Drive

City: Eugene
State: OR
Zip: 97403
Last Updated: 11/13/2013

Legal Entity Name: TRIPLE S ADVANTAGE, INC.
Contract Number: H5774
Organization Marketing Name: Triple S Advantage
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: 101,110

Legal Entity Address: PO Box 11320

City: San Juan
State: PR
Zip: 00922

Contact Title: Sales & Marketing VP
Name: Gustavo Perez
Phone: 1-787-620-1919
Extension: 4131
Fax:
Email: gustavo.perez@ahmpr.com
Address: PO Box 11320

City: San Juan
State: PR
Zip: 00922
Last Updated: 04/29/2014

Legal Entity Name: TRIPLE-S ADVANTAGE, INC.
Contract Number: H4005
Organization Marketing Name: Triple-S Advantage
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: 17,699

Legal Entity Address: PO BOX 11320

City: SAN JUAN
State: PR
Zip: 00922

Contact Title: Sales & Marketing VP
Name: Gustavo Perez
Phone: 1-787-620-1919
Extension: 4131
Fax:
Email: gustavo.perez@ahmpr.com
Address: PO Box 11320

City: San Juan
State: PR
Zip: 00922
Last Updated: 04/29/2014

Legal Entity Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA
Contract Number: H3908
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: 418

Legal Entity Address: 4508 CHESTNUT STREET

City: PHILADELPHIA
State: PA
Zip: 19139

Contact Title: Chief Executive Officer
Name: Anthony Buividas
Phone: 1-215-573-7200
Extension:
Fax:
Email: Buividas@nursing.upenn.edu
Address: 4508 Chestnut Street

City: Philadelphia
State: PA
Zip: 19139
Last Updated: 09/26/2014

Legal Entity Name: TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION
Contract Number: H2256
Organization Marketing Name: Tufts Health Plan or Tufts Medicare Preferred
Parent Organization: Tufts Associated HMO, 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: 104,871

Legal Entity Address: 705 Mt Auburn Street

City: Watertown
State: MA
Zip: 02472

Contact Title: Supervisor, Marketing Material Production
Name: Kenneth Kayser
Phone: 1-617-972-9400
Extension: 9527
Fax:
Email: kenneth_kayser@tufts-health.com
Address: 705 Mt Auburn St

City: Watertown
State: MA
Zip: 02472
Last Updated: 09/09/2013

Legal Entity Name: TUFTS HEALTH PUBLIC PLANS, INC.
Contract Number: H7419
Organization Marketing Name: Tufts Health Plan - Network Health
Parent Organization: Tufts Associated HMO, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 10/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 1,821

Legal Entity Address: 101 Station Landing
4th Floor
City: Medford
State: MA
Zip: 02155

Contact Title: Marketing Speciialst
Name: Elane Tohmc
Phone: 1-781-393-3189
Extension:
Fax:
Email: elane_tohmc@tufts-health.com
Address: 101 Station Landing
4th Floor
City: Medford
State: MA
Zip: 02155
Last Updated: 12/12/2014

Legal Entity Name: UCARE MINNESOTA
Contract Number: H2456
Organization Marketing Name: UCare's MSHO
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: 10,358

Legal Entity Address: 500 Stinson Blvd NE
City: MINNEAPOLIS
State: MN
Zip: 55413

Contact Title:
Name: Provider Assistance
Phone: 1-888-531-1493
Extension:
Fax:
Email: customerexperiencespecialist@ucare.org
Address: 500 Stinson Boulevard NE
City: Minneapolis
State: MN
Zip: 55413
Last Updated: 07/08/2013

Legal Entity Name: UCARE MINNESOTA
Contract Number: H2459
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: 85,578

Legal Entity Address: 500 Stinson Boulevard NE
City: MINNEAPOLIS
State: MN
Zip: 55413

Contact Title:
Name: Provider Assistance
Phone: 1-888-531-1493
Extension:
Fax:
Email: customerexperiencespecialist@ucare.org
Address: 500 Stinson Boulevard NE
City: Minneapolis
State: MN
Zip: 55413
Last Updated: 05/23/2013

Legal Entity Name: UHC OF CALIFORNIA
Contract Number: H0543
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: 327,091

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

Legal Entity Name: ULTIMATE HEALTH PLANS, INC.
Contract Number: H2962
Organization Marketing Name: Ultimate Health Plans
Parent Organization: ULTIMATE HEALTH PLAN, INC.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 4,315

Legal Entity Address: 1244 Mariner Boulevard

City: Spring Hill
State: FL
Zip: 34609

Contact Title: CEO
Name: Mike Turrell
Phone: 1-352-835-7151
Extension:
Fax: 1-352-835-7169
Email: MTurrell@ulthp.com
Address: 1244 Mariner Blvd.

City: Spring Hill
State: FL
Zip: 34609
Last Updated: 02/20/2013

Legal Entity Name: UNION HEALTH SERVICES, INC.
Contract Number: H6142
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: 1,792

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:

Legal Entity Name: UNION PACIFIC RAILROAD EMPLOYES HEALTH SYSTEMS
Contract Number: H4652
Organization Marketing Name: Union Pacific Railroad Employes Health Systems
Parent Organization: Union Pacific Railroad Employes 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: 11,768

Legal Entity Address: 1040 North 2200 West Suite 200

City: Salt Lake City
State: UT
Zip: 84116

Contact Title: Manager of Customer Services
Name: Tonya Hayes
Phone: 1-801-595-4387
Extension:
Fax: 1-801-595-2087
Email: thayes@uphealth.com
Address: 1040 N 2200 W Suite 200

City: Salt Lake City
State: UT
Zip: 84116
Last Updated: 02/02/2015

Legal Entity Name: UNITED MINE WORKERS OF AMERICA HLTH & RETIREMENT
Contract Number: 90091
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: 24,694

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

Legal Entity Name: UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.
Contract Number: H4590
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: 200,798

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

Legal Entity Name: UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC.
Contract Number: H2531
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 05/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 13,715

Legal Entity Address: 9200 Worthington Road

City: Westerville
State: OH
Zip: 43082

Contact Title: Customer Service
Name: Great Lakes Health Plan
Phone: 1-888-903-7587
Extension:
Fax:
Email: jill_j_langenfeld@uhc.com
Address: 26957 Northwestern Hwy
Suite 400
City: Southfield
State: MI
Zip: 48033
Last Updated: 08/13/2014

Legal Entity Name: UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, LLC
Contract Number: H4514
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: 28,078

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

Legal Entity Name: UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, LLC
Contract Number: H7833
Organization Marketing Name: UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, LLC
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 03/01/2015
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 5,112

Legal Entity Address: 9702 Bissonnett Street
Suite 2200W
City: Houston
State: TX
Zip: 77036

Contact Title: Customer Service
Name: Great Lakes Health Plan
Phone: 1-888-903-7587
Extension:
Fax:
Email: jill_j_langenfeld@uhc.com
Address: 26957 Northwestern Hwy
Suite 400
City: Southfield
State: MI
Zip: 48033
Last Updated: 08/13/2014

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Contract Number: H0408
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: 1,606

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

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Contract Number: H0624
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: 3,752

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

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Contract Number: H0710
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: 2,726

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

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Contract Number: H1286
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: 13,619

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

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Contract Number: H2226
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: 13,058

Legal Entity Address: 9900 BREN ROAD EAST
City: MINNETONKA
State: MN
Zip: 55343

Contact Title: Customer Service
Name: Great Lakes Health Plan
Phone: 1-888-903-7587
Extension:
Fax:
Email: jill_j_langenfeld@uhc.com
Address: 26957 Northwestern Hwy
Suite 400
City: Southfield
State: MI
Zip: 48033
Last Updated: 08/13/2014

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Contract Number: H2228
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: 1,715

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

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Contract Number: H5008
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: 9,491

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

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Contract Number: H5435
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: 46,990

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

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Contract Number: H7187
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: 10,032

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

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Contract Number: H8748
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: 2,495

Legal Entity Address: c/o UnitedHealth Group/Ovations, 9900 Bren Rd East
MAIL ROUTE MN0008-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

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Contract Number: R3175
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: 3,415

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

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Contract Number: R5287
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: 184,339

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

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Contract Number: R7444
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: 20,442

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

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK
Contract Number: H1537
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: 766

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

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK
Contract Number: R5342
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: 86,320

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

Legal Entity Name: UNITEDHEALTHCARE OF ALABAMA, INC.
Contract Number: H0151
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: 33,679

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

Legal Entity Name: UNITEDHEALTHCARE OF GEORGIA, INC.
Contract Number: H1111
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: 8,455

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

Legal Entity Name: UNITEDHEALTHCARE OF NEW ENGLAND, INC.
Contract Number: H1944
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: 7,274

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

Legal Entity Name: UNITEDHEALTHCARE OF NEW YORK, INC.
Contract Number: H3379
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: 27,711

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

Legal Entity Name: UNITEDHEALTHCARE OF NEW YORK, INC.
Contract Number: H3387
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: 15,248

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: jill_j_langenfeld@uhc.com
Address: 26957 Northwestern Hwy
Suite 400
City: Southfield
State: MI
Zip: 48033
Last Updated: 08/13/2014

Legal Entity Name: UNITEDHEALTHCARE OF OKLAHOMA, INC.
Contract Number: H3749
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: 27,831

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

Legal Entity Name: UNITEDHEALTHCARE OF OREGON, INC.
Contract Number: H3805
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: 24,628

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

Legal Entity Name: UNITEDHEALTHCARE OF THE MIDLANDS, INC.
Contract Number: H2802
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: 9,987

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

Legal Entity Name: UNITEDHEALTHCARE OF THE MIDWEST, INC.
Contract Number: H2654
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: 46,927

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

Legal Entity Name: UNITEDHEALTHCARE OF UTAH, INC.
Contract Number: H4604
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: 46,735

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

Legal Entity Name: UNITEDHEALTHCARE OF WISCONSIN, INC.
Contract Number: H5253
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: 94,393

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

Legal Entity Name: UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.
Contract Number: H0251
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: 41,714

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: jill_j_langenfeld@uhc.com
Address: 26957 Northwestern Hwy
Suite 400
City: Southfield
State: MI
Zip: 48033
Last Updated: 08/13/2014

Legal Entity Name: UNIVERSAL CARE, INC.
Contract Number: H0838
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: 7,301

Legal Entity Address: 5455 Garden Grove Blvd
Suite 500
City: Westminster
State: CA
Zip: 92683

Contact Title: Executive Vice President / Compliance Officer
Name: Connie Snyder
Phone: 1-866-255-4795
Extension: 5054
Fax: 1-657-400-1212
Email: compliance@universalcare.com
Address: 5455 Garden Grove Blvd.
Suite 500
City: Westminster
State: CA
Zip: 92683
Last Updated: 08/22/2014

Legal Entity Name: UNIVERSITY CARE ADVANTAGE, INC.
Contract Number: H4931
Organization Marketing Name: University Care Advantage
Parent Organization: Banner Health

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 3,590

Legal Entity Address: 2701 E. Elvira
City: Tucson
State: AZ
Zip: 85756

Contact Title: UCA Customer Care
Name: Customer Care
Phone: 1-877-874-3930
Extension:
Fax: 1-520-874-5555
Email: memberservicesinquires@uahealth.com
Address: 2701 E. Elvira
City: Tucson
State: AZ
Zip: 85756
Last Updated: 02/25/2015

Legal Entity Name: UNIVERSITY HEALTHCARE ADVANTAGE
Contract Number: H2986
Organization Marketing Name: University Health Care Advantage
Parent Organization: Stanford Health Care

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 79

Legal Entity Address: 1221 Broadway, 3rd Floor
City: Oakland
State: CA
Zip: 94612

Contact Title: Director of Operations
Name: Scott Ptacnik
Phone: 1-510-662-3402
Extension:
Fax:
Email: sptacnik@stanfordhealthcare.org
Address: 1221 Broadway, 3rd Floor
City: Oakland
State: CA
Zip: 94612
Last Updated: 01/26/2015

Legal Entity Name: UPHAMS CORNER HEALTH COMMITTEE, INC.
Contract Number: H2220
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: 241

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: 8803
Fax: 1-617-474-0757
Email: jtrivedi@uphams.org
Address: 1140 Dorchester Ave.
City: Dorchester
State: MA
Zip: 02125
Last Updated: 11/30/2013

Legal Entity Name: UPMC FOR YOU, INC
Contract Number: H4279
Organization Marketing Name: UPMC for You
Parent Organization: UPMC Health System

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: 19,258

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

Legal Entity Name: UPMC HEALTH NETWORK, INC.
Contract Number: H5533
Organization Marketing Name: UPMC Health Plan
Parent Organization: UPMC Health System

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2006
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 9,393

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

Legal Entity Name: UPMC HEALTH PLAN, INC.
Contract Number: H3907
Organization Marketing Name: UPMC Health Plan
Parent Organization: UPMC Health System

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2001
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 115,274

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

Legal Entity Name: UPPER PENINSULA HEALTH PLAN, LLC
Contract Number: H1977
Organization Marketing Name: Upper Peninsula Health Plan (UPHP) MI Health Link
Parent Organization: DLP Marquette General Hospital, LLC

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 03/01/2015
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 5,083

Legal Entity Address: 228 W. Washington Street
City: Marquette
State: MI
Zip: 49855

Contact Title: Director of Government Programs
Name: Melissa Holmquist
Phone: 1-906-225-7157
Extension:
Fax: 1-906-225-8778
Email: mholmquist@uphp.com
Address: UPHP
228 W. Washington Street
City: Marquette
State: MI
Zip: 49855
Last Updated: 05/16/2013

Legal Entity Name: UPPER PENINSULA HEALTH PLAN, LLC
Contract Number: H2161
Organization Marketing Name: Upper Peninsula Health Plan
Parent Organization: DLP Marquette General Hospital, LLC

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2011
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 195

Legal Entity Address: 228 W. Washington Street
City: Marquette
State: MI
Zip: 49855

Contact Title: Director of Government Programs
Name: Melissa Holmquist
Phone: 1-906-225-7157
Extension:
Fax: 1-906-225-8778
Email: mholmquist@uphp.com
Address: UPHP
228 W. Washington Street
City: Marquette
State: MI
Zip: 49855
Last Updated: 05/15/2013

Legal Entity Name: USABLE MUTUAL INSURANCE COMPANY
Contract Number: H4213
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: 16,990

Legal Entity Address: 601 GAINES STREET
City: LITTLE ROCK
State: AR
Zip: 72201

Contact Title: Manager Medicare Operations
Name: Kathryn Thornhill
Phone: 1-501-379-2787
Extension:
Fax: 1-501-379-2703
Email: kathornhill@arkbluecross.com
Address: 320 W. Capitol, Suite 400
City: Little Rock
State: AR
Zip: 72203
Last Updated: 12/28/2012

Legal Entity Name: USABLE MUTUAL INSURANCE COMPANY
Contract Number: H8091
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: 890

Legal Entity Address: 601 Gaines Street
City: Little Rock
State: AR
Zip: 72201

Contact Title: Manager Medicare Operations
Name: Kathryn Thornhill
Phone: 1-501-379-2787
Extension:
Fax: 1-501-379-2703
Email: kathornhill@arkbluecross.com
Address: 320 W. Capitol, Suite 400
City: Little Rock
State: AR
Zip: 72203
Last Updated: 05/18/2015

Legal Entity Name: VALIR PACE FOUNDATION
Contract Number: H7114
Organization Marketing Name: Valir PACE Foundation
Parent Organization: Valir Health LLC

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Dallas
Enrollment: 34

Legal Entity Address: 721 NW 6th Street
City: Oklahoma City
State: OK
Zip: 73102

Contact Title: PACE Director
Name: Brandy Bailey
Phone: 1-405-609-3682
Extension:
Fax:
Email: brandy.bailey@valir.com
Address: 700 NW 7th St
City: Oklahoma City
State: OK
Zip: 73102
Last Updated: 12/30/2013

Legal Entity Name: VANTAGE HEALTH PLAN, INC.
Contract Number: H5576
Organization Marketing Name: Vantage Health Plan, Inc.
Parent Organization: Vantage Holdings, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2007
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 13,327

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

Legal Entity Name: VIA CHRISTI HEALTHCARE OUTREACH PROGRAM FOR ELDERS
Contract Number: H1714
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: Karen Sturchio
Phone: 1-316-858-1111
Extension:
Fax:
Email: Karen.Sturchio@viachristi.org
Address: 2622 W Central, Suite 101

City: Wichita
State: KS
Zip: 67203
Last Updated: 04/22/2014

Legal Entity Name: VIECARE BEAVER LLC DBA LIFE BEAVER COUNTY
Contract Number: H7660
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: 435

Legal Entity Address: 191 Scharberry Ln

City: Mars
State: PA
Zip: 16046

Contact Title: Director of MIS
Name: Dean Phillips
Phone: 1-724-776-1100
Extension:
Fax: 1-724-772-2960
Email: dean.phillips@lutheranseniorlife.org
Address: Lutheran SeniorLife
191 Scharberry Lane

City: Mars
State: PA
Zip: 16046
Last Updated: 01/21/2014

Legal Entity Name: VIECARE BUTLER, LLC
Contract Number: H3060
Organization Marketing Name: LIFE Butler County
Parent Organization: Lutheran SeniorLife

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 09/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 126

Legal Entity Address: 231 West Diamond St

City: Butler
State: PA
Zip: 16001

Contact Title: Director of MIS
Name: Dean Phillips
Phone: 1-724-776-1100
Extension:
Fax: 1-724-772-2960
Email: dean.phillips@lutheranseniorlife.org
Address: Lutheran SeniorLife
191 Scharberry Lane

City: Mars
State: PA
Zip: 16046
Last Updated: 01/21/2014

Legal Entity Name: VILLAGE SENIOR SERVICES CORPORATION
Contract Number: H9345
Organization Marketing Name: VillageCareMAX Full Advantage FIDA
Parent Organization: Village Care of New York, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 36

Legal Entity Address: 112 Charles Street

City: New York
State: NY
Zip: 10014

Contact Title:
Name: Provider Services
Phone: 1-855-769-2500
Extension:
Fax:
Email: villagecaremaxinfo@villagecare.org
Address: PO Box 5536

City: Hauppauge
State: NY
Zip: 11788
Last Updated: 01/31/2013

Legal Entity Name: VIRGINIA PREMIER HEALTH PLAN, INC.
Contract Number: H3067
Organization Marketing Name: Virginia Premier CompleteCare
Parent Organization: Virginia Cwlth University Hlth System Authority

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 04/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 5,930

Legal Entity Address: 600 East Broad Street
Suite 400
City: Richmond
State: VA
Zip: 23220

Contact Title: rjones@vapremier.com
Name: Rebecca Jones
Phone: 1-804-819-5151
Extension: 55449
Fax:
Email: rjones@vapremier.com
Address: 600 East Broad Street
Suite 400
City: Richmond
State: VA
Zip: 23220
Last Updated: 10/08/2013

Legal Entity Name: VISTA HEALTH PLAN, INC.
Contract Number: H4227
Organization Marketing Name: Vista Health Plan, Inc.
Parent Organization: Independence Health Group, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 3,076

Legal Entity Address: 1901 Market St
City: Philadelphia
State: PA
Zip: 19103

Contact Title: Director Medicare Customer Service & Oversight
Name: Geoffrey Vitrano
Phone: 1-800-450-1166
Extension:
Fax:
Email: GVitrano@Amerihealthcaritas.com
Address: Amerihealth Caritas Family of Companies
200 Stevens Dr
City: Philadelphia
State: PA
Zip: 19113
Last Updated: 05/18/2015

Legal Entity Name: VIVA HEALTH, INC.
Contract Number: H0154
Organization Marketing Name: VIVA Medicare
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: 45,409

Legal Entity Address: 417 20th Street North
Suite 1100
City: BIRMINGHAM
State: AL
Zip: 35203

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: 417 20th Street North
Suite 1100
City: Birmingham
State: AL
Zip: 35203
Last Updated: 07/01/2013

Legal Entity Name: VNS CHOICE
Contract Number: H5549
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: 18,674

Legal Entity Address: 107 E 70th Street
City: New York
State: NY
Zip: 10021

Contact Title:
Name: Sandra Osse
Phone: 1-866-783-0222
Extension:
Fax:
Email: sandra.osse@vnsny.org
Address: 1250 Broadway
11th Floor
City: New York
State: NY
Zip: 10001
Last Updated: 05/07/2015

Legal Entity Name: VNS CHOICE
Contract Number: H8490
Organization Marketing Name: VNSNY CHOICE Medicare
Parent Organization: Visiting Nurse Service of New York

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 1,748

Legal Entity Address: 107 East 70th Street

City: New York
State: NY
Zip: 10021

Contact Title: Communications Specialist
Name: Sandra Osse
Phone: 1-866-783-0222
Extension:
Fax:
Email: sandra.osse@vnsny.org
Address: 1250 Broadway
11th Floor
City: New York
State: NY
Zip: 10001
Last Updated: 05/07/2015

Legal Entity Name: VOANS SENIOR COMMUNITY CARE OF MICHIGAN, INC.
Contract Number: H6787
Organization Marketing Name: Senior Community Care of Michigan
Parent Organization: Volunteers of America National Services

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 04/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: *

Legal Entity Address: 1660 Duke Street, Volunteers of America

City: Alexandria
State: VA
Zip: 223143422

Contact Title: Vice President of Information Technology
Name: David Osborne
Phone: 1-952-941-0305
Extension:
Fax: 1-952-941-0428
Email: dosborne@voa.org
Address: 7530 Market Place Dr.
City: Eden Prairie
State: MN
Zip: 55344
Last Updated: 09/10/2014

Legal Entity Name: VOANS SENIOR COMMUNITY CARE OF NORTH CAROLINA, INC
Contract Number: H0839
Organization Marketing Name: Senior CommUnity Care of North Carolina
Parent Organization: Volunteers of America National Services

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 07/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 103

Legal Entity Address: 4022 Stirrup Creek Drive Suite 315

City: Durham
State: NC
Zip: 27703

Contact Title: Billing Office Manager
Name: Kippir Westbrook
Phone: 1-919-425-3000
Extension:
Fax: 1-919-425-3001
Email: kwestbrook@voa.org
Address: 4022 Stirrup Creek Suite 315
City: Durham
State: NC
Zip: 27703
Last Updated: 03/15/2013

Legal Entity Name: VOLUNTEER STATE HEALTH PLAN
Contract Number: H3259
Organization Marketing Name: BlueCare Plus Tennessee
Parent Organization: BlueCross BlueShield of Tennessee

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 4,506

Legal Entity Address: 1 Cameron Hill Circle

City: Chattanooga
State: TN
Zip: 374022011

Contact Title:
Name: Customer Service
Phone: 1-800-299-1407
Extension:
Fax:
Email: BlueCarePlus_GM@bcbst.com
Address: 1 Cameron Hill Circle,
City: Chattanooga
State: TN
Zip: 37402
Last Updated: 02/28/2014

Legal Entity Name: VOLUNTEERS OF AMERICA NATIONAL SERVICES
Contract Number: H2815
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: 262

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

Legal Entity Name: WABASH MEMORIAL HOSPITAL ASSOCIATION
Contract Number: H6140
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: 1,746

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

Legal Entity Name: WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC
Contract Number: H9730
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 6,749

Legal Entity Address: 8735 Henderson Road
City: Tampa
State: FL
Zip: 33634

Contact Title:
Name: Website Inquiries
Phone: 1-888-888-9355
Extension:
Fax:
Email: contactus@wellcare.com
Address: 8735 Henderson Road, Ren 1, 3rd Floor
City: Tampa
State: FL
Zip: 33634
Last Updated: 09/19/2014

Legal Entity Name: WELLCARE HEALTH INSURANCE OF ARIZONA, INC.
Contract Number: H2491
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: 10,973

Legal Entity Address: 8735 Henderson Rd
Ren 1
City: Tampa
State: FL
Zip: 33634

Contact Title:
Name: Website Inquiries
Phone: 1-888-888-9355
Extension:
Fax:
Email: contactus@wellcare.com
Address: 8735 Henderson Road, Ren 1, 3rd Floor
City: Tampa
State: FL
Zip: 33634
Last Updated: 09/19/2014

Legal Entity Name: WELLCARE HEALTH PLANS OF NEW JERSEY, INC.
Contract Number: H0913
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: 1,029

Legal Entity Address: P.O. Box 26011
City: Tampa
State: FL
Zip: 336236011

Contact Title:
Name: Website Inquiries
Phone: 1-888-888-9355
Extension:
Fax:
Email: contactus@wellcare.com
Address: 8735 Henderson Road, Ren 1, 3rd Floor
City: Tampa
State: FL
Zip: 33634
Last Updated: 09/19/2014

Legal Entity Name: WELLCARE OF CONNECTICUT, INC.
Contract Number: H0712
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: 12,667

Legal Entity Address: 116 WASHINGTON AVENUE
City: NORTH HAVEN
State: CT
Zip: 06437

Contact Title:
Name: Website Inquiries
Phone: 1-888-888-9355
Extension:
Fax:
Email: contactus@wellcare.com
Address: 8735 Henderson Road, Ren 1, 3rd Floor
City: Tampa
State: FL
Zip: 33634
Last Updated: 09/19/2014

Legal Entity Name: WELLCARE OF FLORIDA, INC.
Contract Number: H1032
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: 106,863

Legal Entity Address: 8735 Henderson Road
City: TAMPA
State: FL
Zip: 33634

Contact Title:
Name: Website Inquiries
Phone: 1-888-888-9355
Extension:
Fax:
Email: contactus@wellcare.com
Address: 8735 Henderson Road, Ren 1, 3rd Floor
City: Tampa
State: FL
Zip: 33634
Last Updated: 09/19/2014

Legal Entity Name: WELLCARE OF GEORGIA, INC.
Contract Number: H1112
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: 33,213

Legal Entity Address: 8735 Henderson Rd
Ren 1
City: Tampa
State: FL
Zip: 33634

Contact Title:
Name: Website Inquiries
Phone: 1-888-888-9355
Extension:
Fax:
Email: contactus@wellcare.com
Address: 8735 Henderson Road, Ren 1, 3rd Floor
City: Tampa
State: FL
Zip: 33634
Last Updated: 09/19/2014

Legal Entity Name: WELLCARE OF LOUISIANA, INC.
Contract Number: H1903
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: 9,472

Legal Entity Address: 8735 Henderson Rd
Ren 1
City: Tampa
State: FL
Zip: 33634

Contact Title:
Name: Website Inquiries
Phone: 1-888-888-9355
Extension:
Fax:
Email: contactus@wellcare.com
Address: 8735 Henderson Road, Ren 1, 3rd Floor

City: Tampa
State: FL
Zip: 33634
Last Updated: 09/19/2014

Legal Entity Name: WELLCARE OF NEW YORK, INC.
Contract Number: H2751
Organization Marketing Name: WellCare Advocate Complete FIDA
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 246

Legal Entity Address: 8735 Henderson Road

City: Tampa
State: FL
Zip: 33634

Contact Title:
Name: Website Inquiries
Phone: 1-888-888-9355
Extension:
Fax:
Email: contactus@wellcare.com
Address: 8735 Henderson Road, Ren 1, 3rd Floor

City: Tampa
State: FL
Zip: 33634
Last Updated: 09/19/2014

Legal Entity Name: WELLCARE OF NEW YORK, INC.
Contract Number: H3361
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: 45,893

Legal Entity Address: P.O.BOX 1652

City: NEWBURGH
State: NY
Zip: 12551

Contact Title:
Name: Website Inquiries
Phone: 1-888-888-9355
Extension:
Fax:
Email: contactus@wellcare.com
Address: 8735 Henderson Road, Ren 1, 3rd Floor

City: Tampa
State: FL
Zip: 33634
Last Updated: 09/19/2014

Legal Entity Name: WELLCARE OF TEXAS, INC.
Contract Number: H1264
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: 32,680

Legal Entity Address: 8735 Henderson Rd
Ren 1
City: Tampa
State: FL
Zip: 33634

Contact Title:
Name: Website Inquiries
Phone: 1-888-888-9355
Extension:
Fax:
Email: contactus@wellcare.com
Address: 8735 Henderson Road, Ren 1, 3rd Floor

City: Tampa
State: FL
Zip: 33634
Last Updated: 09/19/2014

Legal Entity Name:	WINDSOR HEALTH PLAN, INC.
Contract Number:	H5698
Organization Marketing Name:	WellCare
Parent Organization:	WellCare Health Plans, Inc.
Organization Type:	Local CCP
Plan Type:	HMO/HMOPOS
Contract Effective Date:	01/01/2006
Tax Status:	For Profit
CMS Region Responsible:	Atlanta
Enrollment:	39,269
Legal Entity Address:	7100 Commerce Way, Ste 285
City:	Brentwood
State:	TN
Zip:	37027
Contact Title:	
Name:	Website Inquiries
Phone:	1-888-888-9355
Extension:	
Fax:	
Email:	contactus@wellcare.com
Address:	8735 Henderson Road, Ren 1, 3rd Floor
City:	Tampa
State:	FL
Zip:	33634
Last Updated:	09/19/2014