



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

Sorted by Contract Number

**CPC/MDBG/DPD
March 2014**

IMPORTANT NOTES

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

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

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 02/01/1974 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 26,521 Legal Entity Address: 2121 K STREET, N.W. SUITE 350 City: WASHINGTON State: DC Zip: 20037	Contact Title: Name: Health Call Center Phone: 1-800-291-1425 Extension: Fax: 1-304-256-2626 Email: Health1@umwafunds.org Address: P.O. Box 2320 City: Beckley State: WV Zip: 25802 Last Updated: 04/24/2009
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Contract Number: H0022
Legal Entity Name: BUCKEYE COMMUNITY HEALTH PLAN, INC.
Organization Marketing Name: Buckeye Community Health Plan - MyCareOhio
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: * Legal Entity Address: 4349 Easton Way, Suite 200 City: Columbus State: OH Zip: 43219	Contact Title: Director of Compliance Name: Michelle Jones Phone: 1-512-416-3720 Extension: 22220 Fax: Email: mjones@centene.com Address: 2100 South IH - 35 Suite 200 City: Austin State: TX Zip: 78704 Last Updated: 12/30/2013
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Contract Number: H0028
Legal Entity Name: CHA HMO, INC.
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: 3,964 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
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Contract Number: H0084
Legal Entity Name: CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY
Organization Marketing Name: Care Improvement Plus
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 24,556 Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 212012473	Contact Title: Name: Provider Relations Phone: 1-866-679-3119 Extension: Fax: Email: providerrelations@careimprovementplus.com Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201 Last Updated: 01/26/2011
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Contract Number: H0104
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF ALABAMA
Organization Marketing Name: Blue 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: 43,819 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
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Contract Number: H0105
Legal Entity Name: THE METHODIST OAKS
Organization Marketing Name: The Methodist Oaks d.b.a. The Oaks PACE
Parent Organization: The Methodist Oaks

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 129 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
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Contract Number: H0107
Legal Entity Name: HEALTH CARE SERVICE CORPORATION
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: 149 Legal Entity Address: 300 East Randolph City: Chicago State: IL Zip: 60601	Contact Title: Name: Customer Service Phone: 1-888-285-2249 Extension: Fax: Email: MedicareContractsOffice@bcbstx.com Address: P.O. Box 4109 City: Scranton State: PA Zip: 18505 Last Updated: 01/23/2013
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Contract Number: H0108
Legal Entity Name: HUMANA HEALTH PLAN OF CALIFORNIA, INC.
Organization Marketing Name: Humana Health Plan of California, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 35,629 Legal Entity Address: 1 Park Plaza Suite 450 City: Irvine State: CA Zip: 92614	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
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Contract Number: H0112
Legal Entity Name: MORSE LIFE HOME CARE, INC.
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: 25 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
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Contract Number: H0117
Legal Entity Name: WELLCARE OF OHIO, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 4,385 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: VP, Medicare Regulatory Affairs Name: Wendy Reynolds 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: 10/21/2013
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Contract Number: H0137
Legal Entity Name: COMMONWEALTH CARE ALLIANCE, INC.
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: 6,222 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
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Contract Number: H0141
Legal Entity Name: MCLAREN HEALTH PLAN, INC.
Organization Marketing Name: McLarenAdvantage
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: 555 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
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Contract Number: H0147 Legal Entity Name: HEALTHKEEPERS, INC. Organization Marketing Name: Anthem HealthKeepers Parent Organization: WellPoint, 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: * 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
Contract Number: H0148 Legal Entity Name: CARE1ST HEALTH PLAN 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: * 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 Extension: 6260 Fax: Email: jueoka@care1st.com Address: 601 Potrero Grande Drive City: Monterey Park State: CA Zip: 91755 Last Updated: 03/05/2013
Contract Number: H0150 Legal Entity Name: HEALTHSPRING OF ALABAMA, INC. 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: 45,369 Legal Entity Address: 2 Chase Corporate Drive Ste 300 City: Hoover State: AL Zip: 35244	Contact Title: Business Communcation Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 02/28/2013
Contract Number: H0151 Legal Entity Name: UNITEDHEALTHCARE OF ALABAMA, INC. Organization Marketing Name: UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1995 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 38,150 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

Contract Number: H0154
Legal Entity Name: VIVA HEALTH, INC.
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: 42,291 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
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Contract Number: H0216
Legal Entity Name: PACE IOWA
Organization Marketing Name: Immanuel Pathways
Parent Organization: Immanuel

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 01/01/2012 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Kansas City Enrollment: 68 Legal Entity Address: 1702 North 16th Street City: Council Bluffs State: IA Zip: 51503	Contact Title: Executive Director Name: Cheri Mundt Phone: 1-712-256-7284 Extension: Fax: 1-712-256-4695 Email: cmundt@immanuelpathways.org Address: 1702 N 16th Street City: Council Bluffs State: IA Zip: 51503 Last Updated: 09/02/2011
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Contract Number: H0248
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 2,257 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	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
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Contract Number: H0251
Legal Entity Name: UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 37,029 Legal Entity Address: 1300 River Drive, Suite 200 City: Moline State: IL Zip: 61265	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 01/03/2011
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Contract Number: H0281
Legal Entity Name: ILLINICARE HEALTH PLAN
Organization Marketing Name: IlliniCare Health Plan
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: *	Contact Title: Director of Compliance Name: Michelle Jones Phone: 1-512-416-3720 Extension: 22220 Fax: Email: mijones@centene.com Address: 2100 South IH - 35 Suite 200 City: Austin State: TX Zip: 78704 Last Updated: 12/31/2013
Legal Entity Address: 999 Oakmont Plaza Drive City: Westmont State: IL Zip: 60559	

Contract Number: H0294
Legal Entity Name: CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY
Organization Marketing Name: Care Improvement Plus
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 5,154	Contact Title: Name: Provider Relations Phone: 1-866-679-3119 Extension: Fax: Email: providerrelations@careimprovementplus.com Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201 Last Updated: 02/18/2011
Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201	

Contract Number: H0302
Legal Entity Name: MEDISUN, INC.
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: 22,972	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 Address: 13950 W. Meeker Blvd City: Sun City West State: AZ Zip: 85375	

Contract Number: H0303
Legal Entity Name: PACIFICARE OF ARIZONA, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1986 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 93,147	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 Address: 1 East Washington Suite 900 City: PHOENIX State: AZ Zip: 85004	

Contract Number: H0316
Legal Entity Name: UNITEDHEALTHCARE OF ARIZONA, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2004 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 23,813 Legal Entity Address: 9900 BREN ROAD EAST MAIL ROUTE MN008-W140 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H0317
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 9,354 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	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
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Contract Number: H0318
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 2,090 Legal Entity Address: 980 Jolly Road City: BLUE BELL State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/22/2006
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Contract Number: H0319
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 952 Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H0320
Legal Entity Name: WELLCARE OF TEXAS, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 2,354 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: VP, Medicare Regulatory Affairs Name: Wendy Reynolds 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: 10/21/2013
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Contract Number: H0321
Legal Entity Name: ARIZONA PHYSICIANS IPA, INC.
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 32,690 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: Marsha_R_Boyer@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 01/03/2011
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Contract Number: H0332
Legal Entity Name: KS PLAN ADMINISTRATORS, LLC
Organization Marketing Name: KelseyCare Advantage
Parent Organization: Kelsey-Seybold Medical Group, PLLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 26,159 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
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Contract Number: H0336
Legal Entity Name: HUMANA HEALTH PLAN, INC.
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: 12 Legal Entity Address: 321 West Main Street 12th Floor 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
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Contract Number: H0351
Legal Entity Name: HEALTH NET OF ARIZONA, INC.
Organization Marketing Name: Health Net of Arizona, Inc.
Parent Organization: Health Net, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1992 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 45,594 Legal Entity Address: 1230 W. Washington St. Suite 401 City: Tempe State: AZ Zip: 852812145	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-800-977-7522 Extension: Fax: Email: hnaz.salesmedicare@health.net Address: 1230 W. Washington St., Ste. 401 City: Tempe State: AZ Zip: 85281-2145 Last Updated: 08/23/2006
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Contract Number: H0354
Legal Entity Name: CIGNA HEALTHCARE OF ARIZONA, INC.
Organization Marketing Name: Cigna HealthCare of Arizona
Parent Organization: CIGNA

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 12/01/1992 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 36,892 Legal Entity Address: 11001 N. BLACK CANYON HIGHWAY City: PHOENIX State: AZ Zip: 85029	Contact Title: Marketing Manager Name: Jenna Medina Phone: 1-623-277-1119 Extension: Fax: Email: jenna.medina@cigna.com Address: 25500 N. Norterra Drive City: Phoenix State: AZ Zip: 85085-8200 Last Updated: 03/26/2013
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Contract Number: H0390
Legal Entity Name: PACE OF SOUTHWEST MICHIGAN, INC.
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: 75 Legal Entity Address: 2900 Lakeview Avenue City: St. Joseph State: MI Zip: 49085	Contact Title: Executive Director Name: Therese Saggau Phone: 1-269-982-7767 Extension: Fax: Email: theresesaggau@areaagencyonaging.org Address: 2900 Lakeview Avenue City: St Joseph State: MI Zip: 49085 Last Updated: 03/20/2012
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Contract Number: H0408
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 16 Legal Entity Address: 9900 Bren Road East MN008-T440 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H0423
Legal Entity Name: METROPLUS HEALTH PLAN, INC.
Organization Marketing Name: MetroPlus Health Plan
Parent Organization: New York City Health and Hospitals Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 8,034 Legal Entity Address: 160 Water Street 3rd Floor City: New York State: NY Zip: 10038	Contact Title: Relationship Manager Name: Jeff Ribakoff Phone: 1-212-908-8766 Extension: Fax: 1-212-908-8603 Email: RIBAKOFJ@NYCHHC.ORG Address: 160 Water Street 3rd Floor City: New York State: NY Zip: 10038 Last Updated: 09/30/2013
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Contract Number: H0435
Legal Entity Name: GLOBALHEALTH, INC.
Organization Marketing Name: GLOBALHEALTH MEDICARE
Parent Organization: The Oklahoma City Clinic, P.C.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2013 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 273 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
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Contract Number: H0439
Legal Entity Name: CIGNA HEALTHCARE OF GEORGIA, INC.
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: 1,321 Legal Entity Address: Two Securities Center 3500 Piedmont Rd, Suite 2 City: Atlanta State: GA Zip: 30306	Contact Title: Business Communcation Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
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Contract Number: H0490
Legal Entity Name: MOLINA HEALTHCARE OF OHIO, INC.
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: 559 Legal Entity Address: 3000 Corporate Exchange Drive City: Columbus State: OH Zip: 43231	Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standing@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/05/2013
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Contract Number: H0502
Legal Entity Name: THE CONTRA COSTA HEALTH PLAN
Organization Marketing Name: Contra Costa Health Plan
Parent Organization: Contra Costa Health Services

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 07/01/1977 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 470 Legal Entity Address: 595 CENTER AVENUE STE 100 City: MARTINEZ State: CA Zip: 94553	Contact Title: Sales and Outreach Manager Name: Wendy Mailer Phone: 1-925-957-7224 Extension: Fax: 1-925-313-6065 Email: Wendy.Mailer@hsd.cccounty.us Address: 595 Center Ave. Ste. 100 City: Martinez State: CA Zip: 94553 Last Updated: 04/12/2010
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Contract Number: H0504
Legal Entity Name: CALIFORNIA PHYSICIANS' SERVICE
Organization Marketing Name: Blue Shield of California
Parent Organization: California Physicians' Service

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1996 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 81,239 Legal Entity Address: 6300 CANOGA AVENUE City: WOODLAND HILLS State: CA Zip: 91367	Contact Title: Name: Member Services Phone: 1-800-776-4466 Extension: Fax: 1-818-228-5130 Email: membersvcs@blueshieldca.com Address: 6300 Canoga Avenue City: Woodland Hills State: CA Zip: 91367 Last Updated: 07/09/2007
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Contract Number: H0523
Legal Entity Name: AETNA HEALTH OF CALIFORNIA INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1986 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 20,618 Legal Entity Address: 2409 CAMINO RAMON City: SAN RAMON State: CA Zip: 94583	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/22/2006
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Contract Number: H0524
Legal Entity Name: KAISER FOUNDATION HP, INC.
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 944,123 Legal Entity Address: P.O. BOX 12916 City: OAKLAND State: CA Zip: 946042916	Contact Title: Name: Member Services Phone: 1-800-443-0815 Extension: Fax: Email: msc@kp.org Address: 393 E Walnut St Fl 7 City: Pasadena State: CA Zip: 91188 Last Updated: 03/28/2013
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Contract Number: H0542
Legal Entity Name: ALTAMED HEALTH SERVICES CORPORATION
Organization Marketing Name: AltaMed Senior BuenaCare
Parent Organization: Altamed Health Services Corporation

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 1,151 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@altamed.org Address: 2040 Camfield Ave City: Los Angeles State: CA Zip: 90040 Last Updated: 12/12/2013
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Contract Number: H0543
Legal Entity Name: UHC OF CALIFORNIA, INC.
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: 326,715 Legal Entity Address: 5995 PLAZA DRIVE City: CYPRESS State: CA Zip: 90630	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/10/2011
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Contract Number: H0544
Legal Entity Name: CAREMORE HEALTH PLAN
Organization Marketing Name: CareMore Health Plan
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/2003 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 51,649 Legal Entity Address: 12900 Park Plaza Drive SUITE 150 City: CERRITOS State: CA Zip: 90703	Contact Title: Manager of Membership & Eligibility Dept. Name: Lisa Sarinana Phone: 1-562-622-2900 Extension: 4381 Fax: 1-562-741-4412 Email: Lisa.Sarinana@Caremore.com Address: 12900 Park Plaza Drive Suite 150 City: Cerritos State: CA Zip: 90703 Last Updated: 10/25/2010
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Contract Number: H0545
Legal Entity Name: INTER VALLEY HEALTH PLAN, INC.
Organization Marketing Name: Inter Valley Health Plan
Parent Organization: InterValley Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1986 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 20,874 Legal Entity Address: 300 SOUTH PARK PO BOX 6002 City: POMONA State: CA Zip: 917696002	Contact Title: Manager, Enrollment & Reimbursement Name: Kim Porter Phone: 1-800-251-8191 Extension: 426 Fax: Email: cmscasework@ivhp.com Address: 300 S. Park Ave. City: Pomona State: CA Zip: 91766 Last Updated: 09/19/2006
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Contract Number: H0562
Legal Entity Name: HEALTH NET OF CALIFORNIA, INC.
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: 150,507 Legal Entity Address: 21281 BURBANK BLVD. BUILDING B City: WOODLAND HILLS State: CA Zip: 91367	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-800-275-4737 Extension: Fax: Email: member_services@healthnet.com Address: P.O. Box 10198 City: Van Nuys State: CA Zip: 91410-0198 Last Updated: 08/21/2006
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Contract Number: H0564
Legal Entity Name: BLUE CROSS OF CALIFORNIA
Organization Marketing Name: Anthem Blue Cross
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1993 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 8,725 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
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Contract Number: H0571
Legal Entity Name: CHINESE COMMUNITY HEALTH PLAN
Organization Marketing Name: Chinese Community Health Plan
Parent Organization: Chinese Hospital Association

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1994 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 8,829 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
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Contract Number: H0602
Legal Entity Name: ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION
Organization Marketing Name: Rocky Mountain Health Plans
Parent Organization: Rocky Mountain HMO, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 11/01/1977 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 24,320 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
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Contract Number: H0609
Legal Entity Name: PACIFICARE OF COLORADO, INC
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1986 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 95,128 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
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Contract Number: H0613
Legal Entity Name: TOTAL LONGTERM CARE, INC.
Organization Marketing Name: Total Longterm Care, Inc.
Parent Organization: Total Community Options, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 04/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 1,952 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
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Contract Number: H0620
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,344 Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H0621
Legal Entity Name: COLORADO ACCESS
Organization Marketing Name: Colorado Access Advantage
Parent Organization: Colorado Access

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 3,521 Legal Entity Address: 10065 EAST HARVARD AVENUE SUITE 600 City: DENVER State: CO Zip: 80231	Contact Title: Name: Customer Service Phone: 1-303-751-2657 Extension: Fax: Email: Customer.Service@coaccess.com Address: 10065 E. Harvard Ave Suite 600 City: Denver State: CO Zip: 80231 Last Updated: 09/09/2010
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Contract Number: H0624
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,846	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 Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	

Contract Number: H0630
Legal Entity Name: KAISER FOUNDATION HP OF CO
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1986 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 89,114	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 Address: 10350 E Dakota Avenue PO Box 378066 City: Denver State: CO Zip: 80247	

Contract Number: H0657
Legal Entity Name: COLORADO CHOICE HEALTH PLANS
Organization Marketing Name: Colorado Choice Health Plans
Parent Organization: Colorado Choice Health Plans

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1994 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 791	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 Address: 700 Main Street Suite 100 City: Alamosa State: CO Zip: 81101	

Contract Number: H0710
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2004 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,040	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 Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	

Contract Number: H0712
Legal Entity Name: WELLCARE OF CONNECTICUT, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 9,355 Legal Entity Address: 116 WASHINGTON AVENUE City: NORTH HAVEN State: CT Zip: 06437	Contact Title: VP, Medicare Regulatory Affairs Name: Wendy Reynolds 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: 10/21/2013
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Contract Number: H0755
Legal Entity Name: OXFORD HEALTH PLANS (CT), INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 12/01/1996 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 43,517 Legal Entity Address: 48 Monroe Turnpike City: Trumbull State: CT Zip: 061115031	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/14/2011
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Contract Number: H0773
Legal Entity Name: HEALTH ALLIANCE MEDICAL PLANS
Organization Marketing Name: Health Alliance Connect
Parent Organization: Health Alliance Medical Plans

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: 28 Legal Entity Address: 301 S. Vine Street City: Urbana State: IL Zip: 618013347	Contact Title: Medicare Services Manager Name: Jennifer Marquardt Phone: 1-217-337-8439 Extension: Fax: 1-217-337-3425 Email: Jennifer.Marquardt@healthalliance.org Address: 301 S. Vine St. City: Urbana State: IL Zip: 61801 Last Updated: 04/24/2012
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Contract Number: H0809
Legal Entity Name: MERCY LIFE, INC.
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: * Legal Entity Address: 271 Carew Street City: Springfield State: MA Zip: 01104	Contact Title: Executive Director Name: Joseph Larkin Phone: 1-413-532-3246 Extension: Fax: 1-413-532-0309 Email: joe.larkin@sphs.com Address: 271 Carew Street City: Springfield State: MA Zip: 01104 Last Updated: 08/28/2013
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Contract Number: H0819
Legal Entity Name: SENIOR LIFE YORK, INC.
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: 105 Legal Entity Address: 1460 Memory Lane Ext. City: York State: PA Zip: 17402	Contact Title: Chief Executive Officer Name: Mark Irwin Phone: 1-814-535-6000 Extension: 101 Fax: 1-814-248-7902 Email: Mirwin@grane.com Address: 401 Broad Street City: Johnstown State: PA Zip: 15906 Last Updated: 02/16/2010
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Contract Number: H0838
Legal Entity Name: UNIVERSAL CARE, INC.
Organization Marketing Name: Brand New Day
Parent Organization: Universal Care, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 3,961 Legal Entity Address: 1680 E. Hill Street 3rd Floor City: Signal Hill State: CA Zip: 90755	Contact Title: Executive Vice President / Compliance Officer Name: Connie Snyder Phone: 1-866-255-4795 Extension: Fax: 1-562-427-2563 Email: compliance@universalcare.com Address: 1680 East Hill Street Bldg. 3, Floor 3rd City: Signal Hill State: CA Zip: 90755 Last Updated: 08/20/2013
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Contract Number: H0839
Legal Entity Name: VOANS SENIOR COMMUNITY CARE OF NORTH CAROLINA, INC
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: 49 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
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Contract Number: H0840
Legal Entity Name: FAMILYCARE HEALTH PLANS, INC.
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: 140 Legal Entity Address: 825 NE MULTNOMAH, SUITE 300 City: PORTLAND State: OR Zip: 97232	Contact Title: Government Programs Manager Name: Johanna Watson Phone: 1-503-471-5145 Extension: Fax: 1-503-471-2195 Email: johannaw@familycareinc.org Address: 825 NE Multnomah, Suite 300 City: Portland State: OR Zip: 97232 Last Updated: 01/31/2014
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Contract Number: H0879
Legal Entity Name: CRESTPOINT HEALTH INSURANCE COMPANY
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: 2,367 Legal Entity Address: 208 Sunset Drive Suite 101 City: Johnson City State: TN Zip: 37604	Contact Title: VP, Operations & Health Services Management Name: Sylvia A Sherrill Phone: 1-423-952-2118 Extension: Fax: Email: SherrillSA@msha.com Address: 208 Sunset Drive Suite 101 City: Johnson City State: TN Zip: 37604 Last Updated: 11/12/2013
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Contract Number: H0901
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 358 Legal Entity Address: 980 Jolly Road City: BLUE BELL State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/22/2006
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Contract Number: H0908
Legal Entity Name: BUCKEYE COMMUNITY HEALTH PLAN, INC.
Organization Marketing Name: Advantage by Buckeye Community Health Plan
Parent Organization: Centene Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 1,377 Legal Entity Address: 4349 Easton Way, Suite 200 City: Columbus State: OH Zip: 43219	Contact Title: Director of Compliance Name: Michelle Jones Phone: 1-512-416-3720 Extension: Fax: Email: mijones@centene.com Address: 2100 South IH - 35 Suite 200 City: Austin State: TX Zip: 78704 Last Updated: 01/03/2014
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Contract Number: H0913
Legal Entity Name: WELLCARE HEALTH PLANS OF NEW JERSEY, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 1,521 Legal Entity Address: P.O. Box 26011 City: Tampa State: FL Zip: 336236011	Contact Title: VP, Medicare Regulatory Affairs Name: Wendy Reynolds 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: 10/21/2013
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Contract Number: H0927
Legal Entity Name: HEALTH CARE SERVICE CORPORATION
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: 37 Legal Entity Address: 300 E. Randolph City: Chicago State: IL Zip: 60601	Contact Title: Name: Customer Service Phone: 1-888-285-2249 Extension: Fax: Email: MedicareContractsOffice@bcbstx.com Address: P.O. Box 4109 City: Scranton State: PA Zip: 18505 Last Updated: 05/14/2012
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Contract Number: H0979
Legal Entity Name: AMERICA'S 1ST CHOICE INSURANCE COMPANY OF NC, INC.
Organization Marketing Name: AMERICA'S 1ST CHOICE INSURANCE COMPANY OF NC, INC.
Parent Organization: America's 1st Choice Holdings of N.C., LLC

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 1,030 Legal Entity Address: 250 Berryhill Road Suite: 311 City: Columbia State: SC Zip: 29210	Contact Title: Associate VP NC/SC/GA Name: Jane Young Phone: 1-803-748-4533 Extension: 22223 Fax: Email: AFCOPS@americas1stchoice.com Address: 250 Berryhill Rd Suite: 311 City: Columbia State: SC Zip: 29210 Last Updated: 09/30/2013
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Contract Number: H1013
Legal Entity Name: COVENTRY HEALTH PLAN OF FLORIDA, INC.
Organization Marketing Name: Coventry Health Plan of Florida
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1987 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 4,801 Legal Entity Address: 1340 Concord Terrace City: Sunrise State: FL Zip: 33323	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code: RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H1016
Legal Entity Name: AVMED, INC.
Organization Marketing Name: AvMed Medicare
Parent Organization: AvMed, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 30,626 Legal Entity Address: 4300 N.W. 89TH BLVD. City: GAINESVILLE State: FL Zip: 32606	Contact Title: Manager, Medicare Compliance Name: Jacqueline Crews Phone: 1-352-372-8400 Extension: 40832 Fax: 1-352-337-8820 Email: jackie.crews@avmed.org Address: AvMed Health Plans 4300 NW 89 Blvd. City: Gainesville State: FL Zip: 32606 Last Updated: 06/27/2008
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Contract Number: H1019
Legal Entity Name: CAREPLUS HEALTH PLANS, INC.
Organization Marketing Name: CarePlus Health Plans, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1998 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 79,873 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
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Contract Number: H1026
Legal Entity Name: HEALTH OPTIONS, INC.
Organization Marketing Name: Florida Blue HMO
Parent Organization: Blue Cross and Blue Shield of Florida

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1986 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 31,998 Legal Entity Address: 4800 Deerwood Campus Parkway Building 100 / 8th Floor City: Jacksonville State: FL Zip: 32246	Contact Title: Sr Dir Gov Programs & Medicare Compliance Official Name: Brendan Hodges Phone: 1-800-810-2583 Extension: Fax: Email: Brendan.Hodges@floridablue.com Address: 4800 Deerwood Campus Pkwy DCC Building 100, 7th Floor City: Jacksonville State: FL Zip: 32246 Last Updated: 04/04/2013
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Contract Number: H1032
Legal Entity Name: WELLCARE OF FLORIDA, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2000 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 83,774 Legal Entity Address: 8735 Henderson Road City: TAMPA State: FL Zip: 33634	Contact Title: VP, Medicare Regulatory Affairs Name: Wendy Reynolds 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: 10/21/2013
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Contract Number: H1035
Legal Entity Name: FLORIDA HEALTH CARE PLAN, INC.
Organization Marketing Name: Florida Health Care Plan, Inc.
Parent Organization: Blue Cross and Blue Shield of Florida

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 11/01/1985 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 13,079 Legal Entity Address: 1340 Ridgewood Avenue City: Holly Hill State: FL Zip: 32117	Contact Title: Manager of Government Contracts Name: Christine Laks Phone: 1-800-352-9824 Extension: 4050 Fax: 1-386-615-4045 Email: claks@fhcp.com Address: 1340 Ridgewood Avenue City: Holly Hill State: FL Zip: 32117 Last Updated: 07/22/2011
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Contract Number: H1036
Legal Entity Name: HUMANA MEDICAL PLAN, INC.
Organization Marketing Name: Humana Medical Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1986 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 345,175 Legal Entity Address: 3501 SW 160th Avenue City: Miramar State: FL Zip: 33027	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
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Contract Number: H1043
Legal Entity Name: FLORIDA PACE CENTERS, INC.
Organization Marketing Name: Florida Pace Centers, Inc.
Parent Organization: Florida PACE Centers, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 01/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 315 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
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Contract Number: H1045
Legal Entity Name: PREFERRED CARE PARTNERS INC.
Organization Marketing Name: Preferred Care Partners, Inc.
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2002 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 40,343 Legal Entity Address: 9100 SOUTH DADELAND BLVD. SUITE 1250 City: MIAMI State: FL Zip: 33156	Contact Title: Name: Annette C Onorati Phone: 1-305-670-8440 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: 12/31/2013
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Contract Number: H1076
Legal Entity Name: COVENTRY HEALTH CARE OF FLORIDA, INC.
Organization Marketing Name: Coventry Health Care of Florida
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1995 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 2,826 Legal Entity Address: 1340 Concord Terrace City: Sunrise State: FL Zip: 33323	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H1080
Legal Entity Name: UNITEDHEALTHCARE OF FLORIDA, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1996 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 34,390 Legal Entity Address: 4350 WEST CYPRESS ST. SUITE 908 City: TAMPA State: FL Zip: 33607	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H1099
Legal Entity Name: HEALTH FIRST HEALTH PLANS
Organization Marketing Name: Health First Health Plans, Inc.
Parent Organization: Health First

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1997 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 25,516 Legal Entity Address: 6450 US HIGHWAY 1 City: ROCKLEDGE State: FL Zip: 32955747	Contact Title: Name: Customer Service Phone: 1-321-434-5665 Extension: Fax: Email: hfhpinfo@Health-First.org Address: 6450 US Highway 1 City: Rockledge State: FL Zip: 32955 Last Updated: 09/11/2006
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Contract Number: H1108
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 5,670 Legal Entity Address: 9900 BREN ROAD EAST MN800-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H1109
Legal Entity Name: AETNA HEALTH INC.(GEORGIA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 4,505 Legal Entity Address: 11675 Great Oaks Way City: Alpharetta State: GA Zip: 30022	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H1110
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 6,768 Legal Entity Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H1111
Legal Entity Name: UNITEDHEALTHCARE OF GEORGIA, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 9,619 Legal Entity Address: 9900 Bren Road E City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H1112
Legal Entity Name: WELLCARE OF GEORGIA, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 28,114 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: VP, Medicare Regulatory Affairs Name: Wendy Reynolds 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: 10/21/2013
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Contract Number: H1170
Legal Entity Name: KAISER FOUNDATION HP OF GA, INC.
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 21,004 Legal Entity Address: 3495 PIEDMONT ROAD BUILDING 9 City: ATLANTA State: GA Zip: 30305	Contact Title: Name: Member Services Phone: 1-800-232-4440 Extension: Fax: 1-404-364-4939 Email: kpnet@kp.org Address: 3495 Piedmont Road NE Ten Piedmont Center City: Atlanta State: GA Zip: 30305 Last Updated: 06/03/2011
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Contract Number: H1216
Legal Entity Name: HARMONY HEALTH PLAN OF ILLINOIS, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 3,038 Legal Entity Address: 23 Public Square Suite 400 City: Belleville State: IL Zip: 62220	Contact Title: VP, Medicare Regulatory Affairs Name: Wendy Reynolds 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: 10/21/2013
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Contract Number: H1230
Legal Entity Name: KAISER FOUNDATION HP, INC.
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1986 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 28,690 Legal Entity Address: 711 KAPIOLANI BLVD City: HONOLULU State: HI Zip: 96813	Contact Title: Medicare Compliance Consultant Name: Shawn Ripley Phone: 1-808-432-5425 Extension: Fax: 1-808-432-5427 Email: shawn.x.ripley@kp.org Address: 711 Kapiolani Blvd. City: Honolulu State: HI Zip: 96813 Last Updated: 09/15/2010
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Contract Number: H1234
Legal Entity Name: LIFE ST. FRANCIS
Organization Marketing Name: LIFE St. Francis
Parent Organization: Catholic Health East

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 04/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 243 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: 1-609-599-6203 Email: jviggiano@stfrancismedical.org Address: 1435 Liberty St. City: Hamilton State: NJ Zip: 08629 Last Updated: 02/27/2013
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Contract Number: H1239
Legal Entity Name: KISSITO PACE OF ROANOKE, INC.
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: 20 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
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Contract Number: H1264
Legal Entity Name: WELLCARE OF TEXAS, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 25,246 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: VP, Medicare Regulatory Affairs Name: Wendy Reynolds 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: 10/21/2013
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Contract Number: H1286
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 14,731 Legal Entity Address: 9900 Bren Road East MN008-T440 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H1291
Legal Entity Name: HUMANA INSURANCE COMPANY OF NEW YORK
Organization Marketing Name: Humana Insurance Company of New York
Parent Organization: Humana Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 392 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: 05/06/2013
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Contract Number: H1302
Legal Entity Name: BLUE CROSS OF IDAHO HEALTH SERVICE, INC.
Organization Marketing Name: Blue Cross of Idaho
Parent Organization: Blue Cross of Idaho Health Services, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 9,062 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
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Contract Number: H1303
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 12,706 Legal Entity Address: 9900 BREN ROAD EAST City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H1304
Legal Entity Name: REGENCE BLUE SHIELD OF IDAHO
Organization Marketing Name: Regence BlueShield Of Idaho
Parent Organization: Cambia Health Solutions, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 7,627 Legal Entity Address: 201 High Street SE PO Box 12625 City: SALEM State: OR Zip: 97309	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 03/03/2011
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Contract Number: H1310
Legal Entity Name: COMPREHENSIVE SENIOR CARE CORPORATION
Organization Marketing Name: CentraCare
Parent Organization: Comprehensive Senior Care Corporation

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 04/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 170 Legal Entity Address: 200 W. Michigan Avenue Suite 103 City: Battle Creek State: MI Zip: 49017	Contact Title: Executive Director Name: Rod Auton Phone: 1-269-441-9300 Extension: Fax: 1-269-441-9329 Email: r.auton@mycentracare.com Address: 200 West Michigan Suite 103 City: Battle Creek State: MI Zip: 49017 Last Updated: 05/12/2010
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Contract Number: H1350
Legal Entity Name: BLUE CROSS OF IDAHO HEALTH SERVICE, INC.
Organization Marketing Name: Blue Cross of Idaho
Parent Organization: Blue Cross of Idaho Health Services, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 18,788 Legal Entity Address: 3000 E. PINE AVE. City: MERIDIAN State: ID Zip: 83642	Contact Title: Mgr Customer Advocates Name: Sheri Core Phone: 1-888-494-2583 Extension: Fax: 1-208-387-6811 Email: score@bcidaho.com Address: 3000 E. Pine Ave. City: Meridian State: ID Zip: 83642 Last Updated: 01/07/2011
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Contract Number: H1357
Legal Entity Name: CAROLINA SENIORCARE
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: 100 Legal Entity Address: 802 East Center Street City: Lexington State: NC Zip: 87292	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
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Contract Number: H1365
Legal Entity Name: MARTIN'S POINT GENERATIONS, LLC
Organization Marketing Name: Martin's Point Generations Advantage
Parent Organization: Martin's Point Health Care, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 2,372 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
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Contract Number: H1367
Legal Entity Name: AMERIHEALTH OF LOUISIANA, INC.
Organization Marketing Name: AmeriHealth Caritas VIP Plans
Parent Organization: Independence Blue Cross

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 32 Legal Entity Address: C/O AMERIHEALTH MERCY OF LOUISIANA EXECUT TWO UNITED PLAZA 8550 UNITED PLAZA BLVD. City: BATON ROUGE State: LA Zip: 70809	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
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Contract Number: H1406
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1985 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 41,475 Legal Entity Address: 321 West Main Street, 12th Floor 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: 05/06/2013
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Contract Number: H1415
Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC.
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: 15,732 Legal Entity Address: 9701 W Higgins Road SUITE 360 City: Rosemont State: IL Zip: 60018	Contact Title: Business Communcation Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
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Contract Number: H1416
Legal Entity Name: HARMONY HEALTH PLAN OF ILLINOIS, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 14,320 Legal Entity Address: 125 SOUTH WACKER DRIVE SUITE 2600 City: CHICAGO State: IL Zip: 606064402	Contact Title: VP, Medicare Regulatory Affairs Name: Wendy Reynolds 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: 10/21/2013
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Contract Number: H1417
Legal Entity Name: HEALTH ALLIANCE MEDICAL PLANS
Organization Marketing Name: Health Alliance Medical Plans
Parent Organization: Health Alliance Medical Plans

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 05/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 7,232 Legal Entity Address: 301 S Vine St PO Box 6003 City: URBANA State: IL Zip: 61801	Contact Title: Medicare Services Manager Name: Jennifer Marquardt Phone: 1-217-337-8439 Extension: Fax: 1-217-337-3425 Email: Jennifer.Marquardt@healthalliance.org Address: 301 S. Vine St. City: Urbana State: IL Zip: 61801 Last Updated: 02/29/2008
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Contract Number: H1418
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 12,637 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	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
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Contract Number: H1419
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 759 Legal Entity Address: 980 Jolly Road City: Blue Bell State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H1444
Legal Entity Name: TOTAL HEALTH CARE, INC.
Organization Marketing Name: Total Medicare Plus
Parent Organization: Total 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: Chicago Enrollment: 157 Legal Entity Address: 3011 W Grand Blvd Suite 1600 City: Detroit State: MI Zip: 48202	Contact Title: Manager of Medicare Operations Name: Shelby Saint Aubin Phone: 1-313-871-2000 Extension: 886 Fax: Email: ssaintaubin@thcmi.com Address: 3011 W Grand Blvd Suite 1600 City: Detroit State: MI Zip: 48202 Last Updated: 04/22/2013
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Contract Number: H1463
Legal Entity Name: HEALTH ALLIANCE MEDICAL PLANS
Organization Marketing Name: Health Alliance Medical Plans
Parent Organization: Health Alliance Medical Plans

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1997 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 5,962 Legal Entity Address: 301 S Vine St PO Box 6003 City: URBANA State: IL Zip: 618013477	Contact Title: Medicare Services Manager Name: Jennifer Marquardt Phone: 1-217-337-8439 Extension: Fax: 1-217-337-3425 Email: Jennifer.Marquardt@healthalliance.org Address: 301 S. Vine St. City: Urbana State: IL Zip: 61801 Last Updated: 02/29/2008
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Contract Number: H1468
Legal Entity Name: HUMANA BENEFIT PLAN OF ILLINOIS, INC.
Organization Marketing Name: Humana Benefit Plan of Illinois, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1999 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 4,939 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
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Contract Number: H1500
Legal Entity Name: LIFE ST. JOSEPH OF THE PINES, INC.
Organization Marketing Name: LIFE St. Joseph of the Pines
Parent Organization: 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: 191 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
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Contract Number: H1509
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 416,888 Legal Entity Address: 9900 Bren Road E City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H1510
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 33,221 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	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
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Contract Number: H1517
Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 4,149 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
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Contract Number: H1518
Legal Entity Name: CATHOLIC HEALTH SYSTEM BUFFALO PACE
Organization Marketing Name: Catholic Health LIFE
Parent Organization: Catholic Health System, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 09/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 154 Legal Entity Address: 55 Melroy Avenue City: Lackawanna State: NY Zip: 14218	Contact Title: Name: Thomas F Schifferli Phone: 1-716-819-5101 Extension: Fax: 1-716-819-5099 Email: tschiffer@chsbuffalo.org Address: 55 Melroy Av City: Lackawanna State: NY Zip: 14218 Last Updated: 08/18/2009
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Contract Number: H1537
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,899 Legal Entity Address: UnitedHealthcare Lockbox 5818 City: Carol Stream State: IL Zip: 601975818	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 02/22/2011
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Contract Number: H1595
Legal Entity Name: HEALTHPLUS INSURANCE COMPANY
Organization Marketing Name: HealthPlus
Parent Organization: HealthPlus of Michigan

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,608 Legal Entity Address: 2050 S. Linden Rd. City: Flint State: MI Zip: 48532	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
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Contract Number: H1607
Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 10,242 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
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Contract Number: H1608
Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY
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: 22,710 Legal Entity Address: 4320 114th Street City: Urbandale State: IA Zip: 50322	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code: RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H1609
Legal Entity Name: COVENTRY HEALTH CARE OF IOWA, INC.
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: 4,121 Legal Entity Address: 4320 114th Street City: Urbandale State: IA Zip: 50322	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code: RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H1651
Legal Entity Name: MEDICAL ASSOCIATES HEALTH PLAN, INC.
Organization Marketing Name: Medical Associates Health Plan, Inc.
Parent Organization: Medical Associates Clinic, P.C.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 02/01/1996 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 9,940 Legal Entity Address: 1605 Associates Drive, Suite 101 City: DUBUQUE State: IA Zip: 52002	Contact Title: Marketing Specialist Name: Julie Hoffmann Phone: 1-563-556-8070 Extension: Fax: 1-563-556-5134 Email: jhoffmann@mahealthcare.com Address: 1605 Associates Drive City: Dubuque State: IA Zip: 52002 Last Updated: 02/01/2007
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Contract Number: H1659
Legal Entity Name: PIEDMONT COMMUNITY HEALTHCARE, INC.
Organization Marketing Name: Piedmont Medicare Advantage
Parent Organization: Piedmont Community Health Plan

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 3,721 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
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Contract Number: H1660
Legal Entity Name: HARVARD PILGRIM HEALTH CARE INC.
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: 116 Legal Entity Address: 93 Worcester St City: Wellesley State: MA Zip: 02481	Contact Title: Product Portfolio Manager - Medicare Advantage Name: Cheryl Cassidy Phone: 1-888-609-0692 Extension: Fax: Email: cheryl_cassidy@harvardpilgrim.org Address: 93 Worcester Street City: Wellesley State: MA Zip: 02481 Last Updated: 01/28/2014
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Contract Number: H1666
Legal Entity Name: HCSC INSURANCE SERVICES COMPANY
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: 3,025 Legal Entity Address: 300 E Randolph St City: Chicago State: IL Zip: 60601	Contact Title: Name: Customer Service Phone: 1-888-285-2249 Extension: Fax: Email: MedicareContractsOffice@bcbstx.com Address: P.O. Box 4109 City: Scranton State: PA Zip: 18505 Last Updated: 02/21/2012
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Contract Number: H1681
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 5,809 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	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
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Contract Number: H1692
Legal Entity Name: COVENTRY HEALTH CARE OF WEST VIRGINIA, INC.
Organization Marketing Name: Coventry Health Care of West Virginia
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: 1,657 Legal Entity Address: 500 Virginia St SE Suite: 400 City: Charleston State: WV Zip: 25301	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code: RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H1714
Legal Entity Name: VIA CHRISTI HEALTHCARE OUTREACH PROGRAM FOR ELDERS
Organization Marketing Name: Via Christi HOPE
Parent Organization: Via Christi Outreach Pgrm. Elders, Inc

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 09/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Kansas City Enrollment: 172 Legal Entity Address: 2622 W. Central - Suite 101 City: WICHITA State: KS Zip: 67203	Contact Title: CEO PACE Name: Justin Loewen Phone: 1-316-858-1111 Extension: Fax: Email: Justin.Loewen@viachristi.org Address: 2622 W Central, Suite 101 City: Wichita State: KS Zip: 67203 Last Updated: 05/17/2011
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Contract Number: H1716
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 13,011 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	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
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Contract Number: H1717
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 04/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 218 Legal Entity Address: 9900 BREN ROAD E. MN008-T500 City: MINNETONKA State: KS Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H1737
Legal Entity Name: HEALTH ALLIANCE - MIDWEST, INC.
Organization Marketing Name: Health Alliance Medicare
Parent Organization: Health Alliance Medical Plans

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 186 Legal Entity Address: 2301 N 117th Ave Suite 120 City: Omaha State: NE Zip: 68164	Contact Title: Medicare Services Manager Name: Jennifer Marquardt Phone: 1-217-337-8439 Extension: Fax: 1-217-337-3425 Email: Jennifer.Marquardt@healthalliance.org Address: 301 S. Vine St. City: Urbana State: IL Zip: 61801 Last Updated: 01/15/2013
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Contract Number: H1777
Legal Entity Name: CATHOLIC SPECIAL NEEDS PLAN, LLC
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: 1,396 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: 205 Lexington Avenue 14th Floor City: New York State: NY Zip: 10016 Last Updated: 08/12/2013
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Contract Number: H1846
Legal Entity Name: MOUNT CARMEL HEALTH INSURANCE COMPANY
Organization Marketing Name: MediGold
Parent Organization: Trinity Health

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,319 Legal Entity Address: 6150 E. Broad St. EE320 City: Columbus State: OH Zip: 43213	Contact Title: Provider Relations Call Center Name: Provider Call Center Phone: 1-800-991-9907 Extension: Fax: 1-614-546-4269 Email: mdennis2@mchs.com Address: 6150 E. Broad St, EE320 City: Columbus State: OH Zip: 43213 Last Updated: 02/28/2008
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Contract Number: H1849
Legal Entity Name: ANTHEM HEALTH PLANS OF KENTUCKY, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1998 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 6,709 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
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Contract Number: H1894
Legal Entity Name: AMERIGROUP WASHINGTON, INC.
Organization Marketing Name: AMERIGROUP
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 243 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
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Contract Number: H1903
Legal Entity Name: WELLCARE OF LOUISIANA, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2004 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 7,560 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: VP, Medicare Regulatory Affairs Name: Wendy Reynolds 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: 10/21/2013
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Contract Number: H1904
Legal Entity Name: PACE GREATER NEW ORLEANS
Organization Marketing Name: Pace Greater New Orleans
Parent Organization: Catholic Charities Archdiocese of New Orleans

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 09/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 146 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
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Contract Number: H1906
Legal Entity Name: HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.
Organization Marketing Name: HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.
Parent Organization: Humana Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 05/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 1,683 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
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Contract Number: H1944
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 7,556 Legal Entity Address: 9900 Bren Road East Mail Route MN-008 W140 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H1951
Legal Entity Name: HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.
Organization Marketing Name: Humana Health Benefit Plan of Louisiana, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1994 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 108,729 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
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Contract Number: H1961
Legal Entity Name: PEOPLES HEALTH, INC.
Organization Marketing Name: Peoples Health
Parent Organization: PH Holdings, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1997 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 57,227 Legal Entity Address: Three Lakeway Center 3838 N Causeway Blvd., Suite 2200 City: Metairie State: LA Zip: 70002	Contact Title: Director Provider Relations Name: Meghan Courtney Phone: 1-504-849-4500 Extension: 8812 Fax: 1-504-849-6916 Email: meghan.courtney@peopleshealth.com Address: Three Lakeway Center 3838 N Causeway Blvd, Suite 2200 City: Metairie State: LA Zip: 70002 Last Updated: 02/21/2011
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Contract Number: H1994
Legal Entity Name: SELECTHEALTH, INC.
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: 19,166 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
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Contract Number: H1997
Legal Entity Name: REGENCE BLUESHIELD
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: 349 Legal Entity Address: PO Box 12625 201 High Street SE City: Salem State: OR Zip: 97309	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 01/07/2013
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Contract Number: H2001
Legal Entity Name: SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
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: 5,326 Legal Entity Address: 9900 Bren Road E City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2005
Legal Entity Name: FALLON TOTAL CARE, INC.
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: 2,457 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
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Contract Number: H2012
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 181,689 Legal Entity Address: 321 West Main Street, 12th Floor 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: 05/06/2013
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Contract Number: H2029
Legal Entity Name: HUMANA INSURANCE OF PUERTO RICO, INC.
Organization Marketing Name: Humana Insurance of Puerto Rico, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 2,606 Legal Entity Address: 383 F.D. Roosevelt Avenue 3rd Floor City: San Juan State: PR Zip: 00918	Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 05/06/2013
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Contract Number: H2034	
Legal Entity Name: COMMUNITY CARE HEALTH PLAN, INC.	
Organization Marketing Name: Community Care	
Parent Organization: Community Care, Inc.	
Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Provider Hotline
Contract Effective Date: 01/01/2008	Phone: 1-866-937-2783
Tax Status: Not-for-Profit/Non-Profit	Extension:
CMS Region Responsible: Chicago	Fax:
Enrollment: 257	Email: claimsinquiries@communitycareinc.org
Legal Entity Address: 205 Bishops Way	Address: 1801 Dolphin Drive
City: Brookfield	City: Waukesha
State: WI	State: WI
Zip: 53005	Zip: 53186
	Last Updated: 02/17/2010

Contract Number: H2064	
Legal Entity Name: GEISINGER COMMUNITY HEALTH SERVICES	
Organization Marketing Name: LIFE Geisinger	
Parent Organization: Geisinger Health System	
Organization Type: National PACE	Contact Title: Director LIFE Geisinger
Plan Type: National PACE	Name: Robert E McQuillan
Contract Effective Date: 06/01/2008	Phone: 1-570-214-9790
Tax Status: Not-for-Profit/Non-Profit	Extension:
CMS Region Responsible: Philadelphia	Fax: 1-570-214-9791
Enrollment: 173	Email: remcquillan@geisinger.edu
Legal Entity Address: 100 North Academy Avenue	Address: 100 North Academy Avenue
MC 24-12	MC 24-12
City: Danville	City: Danville
State: PA	State: PA
Zip: 178222412	Zip: 17822-2412
	Last Updated: 11/21/2012

Contract Number: H2108	
Legal Entity Name: BRAVO HEALTH MID-ATLANTIC, INC.	
Organization Marketing Name: Cigna-HealthSpring	
Parent Organization: CIGNA	
Organization Type: Local CCP	Contact Title: Business Communcation Sr. Specialis
Plan Type: HMO/HMOPOS	Name: Graham Harrison
Contract Effective Date: 01/01/2001	Phone: 1-615-565-8476
Tax Status: For Profit	Extension:
CMS Region Responsible: Dallas	Fax:
Enrollment: 22,035	Email: graham.harrison@healthspring.com
Legal Entity Address: 3601 O'Donnell Street	Address: 500 Great Circle Road
City: BALTIMORE	City: Nashville
State: MD	State: TN
Zip: 21224	Zip: 37228
	Last Updated: 03/01/2013

Contract Number: H2109	
Legal Entity Name: THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION	
Organization Marketing Name: Hopkins ElderPlus	
Parent Organization: The Johns Hopkins Health System Corporation	
Organization Type: National PACE	Contact Title: Director
Plan Type: National PACE	Name: Jonathan Aistrop
Contract Effective Date: 11/01/2002	Phone: 1-410-550-7044
Tax Status: Not-for-Profit/Non-Profit	Extension:
CMS Region Responsible: Philadelphia	Fax: 1-410-550-7045
Enrollment: 136	Email: jaistro1@jhmi.edu
Legal Entity Address: 4940 EASTERN AVENUE	Address: 4940 Eastern Avenue, Mason Lord Bldg., East Tower, First Floor
MASON LORD BLDG.,EAST TOWER 1ST FLR	City: Baltimore
City: BALTIMORE	State: MD
State: MD	Zip: 21224
Zip: 21224	Last Updated: 01/31/2013

Contract Number: H2111
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 4,180 Legal Entity Address: 9900 BREN ROAD EAST City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2112
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 13,935 Legal Entity Address: 980 Jolly Road City: BLUE BELL State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H2150
Legal Entity Name: KAISER FNDN HP OF THE MID-ATLANTIC STS
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1991 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 55,889 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
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Contract Number: H2161
Legal Entity Name: UPPER PENINSULA HEALTH PLAN, LLC
Organization Marketing Name: Upper Peninsula Health Plan
Parent Organization: Marquette General Hospital

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 477 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
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Contract Number: H2165
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
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: 6,671 Legal Entity Address: 2900 NORTH LOOP WEST SUITE 1300 City: HOUSTON State: TX Zip: 77092	Contact Title: Business Communcation Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
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Contract Number: H2174
Legal Entity Name: TRILLIUM COMMUNITY HEALTH PLAN
Organization Marketing Name: Trillium Advantage
Parent Organization: Agate Resources, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 3,442 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
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Contract Number: H2218
Legal Entity Name: HARBOR HEALTH SERVICES, INC.
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: 420 Legal Entity Address: 1135 Morton Street City: Mattapan State: MA Zip: 02126	Contact Title: Community Outreach Manager Name: Lisa Yorra Phone: 1-617-533-2400 Extension: Fax: 1-617-533-2401 Email: lyorra@hhsi.us Address: 1135 Morton Street City: Mattapan State: MA Zip: 02126 Last Updated: 04/23/2010
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Contract Number: H2219
Legal Entity Name: FALLON COMMUNITY HEALTH PLAN
Organization Marketing Name: Summit ElderCare 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: 880 Legal Entity Address: 10 CHESTNUT STREET City: WORCESTER State: MA Zip: 01608	Contact Title: Senior Director Clinical Operations, SE Name: Mark Cooper Phone: 1-508-368-9861 Extension: Fax: Email: Mark.Cooper@summiteldercare.org Address: One Chestnut Place 10 Chestnut Street City: Worcester State: MA Zip: 01608 Last Updated: 03/18/2013
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Contract Number: H2220
Legal Entity Name: UPHAMS CORNER HEALTH COMMITTEE, INC.
Organization Marketing Name: Uphams Corner Health Committee, Inc.
Parent Organization: Uphams Corner Health Committee, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 214 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
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Contract Number: H2221
Legal Entity Name: ELDER SVC PLAN OF THE CAMBRIDGE HEALTH ALLIANCE
Organization Marketing Name: Elder Svc Pln/Cambridge Health Alliance
Parent Organization: Cambridge Health Alliance

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 256 Legal Entity Address: 270 GREEN STREET City: CAMBRIDGE State: MA Zip: 02139	Contact Title: Manager of Finance & Information Services Name: Estenieur Jean Phone: 1-617-665-3112 Extension: Fax: 1-617-665-3110 Email: ejean@challiance.org Address: 270 Green Street City: Cambridge State: MA Zip: 02139 Last Updated: 05/02/2011
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Contract Number: H2222
Legal Entity Name: ELDER SERVICE PLAN OF THE NORTH SHORE
Organization Marketing Name: Elder Service Plan Of The North Shore
Parent Organization: Elder Service Plan of the North Shore

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 821 Legal Entity Address: 37 FRIEND STREET City: LYNN State: MA Zip: 01902	Contact Title: Director Marketing Name: Rachel Kestner Phone: 1-781-715-6650 Extension: Fax: 1-781-715-6699 Email: rkestner@pacenorthshore.org Address: 37 Friend Street City: Lynn State: MA Zip: 01901 Last Updated: 01/26/2010
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Contract Number: H2223
Legal Entity Name: ELDER SVC PLN/E BOSTON HEALTH CENTER
Organization Marketing Name: Elder Svc Pln/E Boston Health Center
Parent Organization: Elder Svc Pln/E Boston Health Center

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 379 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
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Contract Number: H2224
Legal Entity Name: SENIOR WHOLE HEALTH, LLC
Organization Marketing Name: Senior Whole Health
Parent Organization: SWH Holdings, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2004 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 9,112 Legal Entity Address: 58 Charles Street, 2nd Floor City: CAMBRIDGE State: MA Zip: 02141	Contact Title: Chief Information Officer Name: Marie Maloney Phone: 1-617-494-5353 Extension: 6313 Fax: 1-617-494-5599 Email: MMaloney@seniorwholehealth.com Address: 58 Charles Street, 2nd Floor City: Cambridge State: MA Zip: 02141 Last Updated: 01/28/2010
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Contract Number: H2225
Legal Entity Name: COMMONWEALTH CARE ALLIANCE, INC.
Organization Marketing Name: Commonwealth Care Alliance, Inc.
Parent Organization: Commonwealth Care Alliance, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2004 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 5,377 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
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Contract Number: H2226
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/2004 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 10,632 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: Marsha_R_Boyer@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 07/25/2013
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Contract Number: H2228
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,779 Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2230
Legal Entity Name: BCBS OF MASSACHUSETTS HMO BLUE, INC.
Organization Marketing Name: Blue Cross Blue Shield of Massachusetts
Parent Organization: Blue Cross and Blue Shield of Massachusetts, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 21,557 Legal Entity Address: LANDMARK CENTER, 401 PARK DRIVE City: BOSTON State: MA Zip: 022153326	Contact Title: Name: Member Services Phone: 1-800-200-4255 Extension: Fax: Email: governmentprograms@bcbsma.com Address: 25 Technology Place Mailstop 03-02 City: Hingham State: MA Zip: 02043-4359 Last Updated: 06/10/2010
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Contract Number: H2237
Legal Entity Name: INDEPENDENT CARE HEALTH PLAN, INC.
Organization Marketing Name: iCare
Parent Organization: Independent Care Health Plan Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 5,481 Legal Entity Address: 1555 North River Center Drive Suite 206 City: Milwaukee State: WI Zip: 53212	Contact Title: Name: Customer Service Phone: 1-414-223-4847 Extension: Fax: Email: info@icare-wi.org Address: 1555 N Rivercenter Drive Suite 206 City: Milwaukee State: WI Zip: 53212 Last Updated: 01/19/2010
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Contract Number: H2241
Legal Entity Name: GOLDEN STATE MEDICARE HEALTH PLAN
Organization Marketing Name: Golden State Medicare Health Plan
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: 1,876 Legal Entity Address: 3010 Old Ranch Pkwy Suite 260 City: Seal Beach State: CA Zip: 90740	Contact Title: CEO Name: Steve Canyon Phone: 1-562-799-0450 Extension: Fax: 1-562-799-0507 Email: scanyon@gsmhp.com Address: 3010 Old Ranch Pkwy Suite 260 City: Seal Beach State: CA Zip: 90740 Last Updated: 02/28/2013
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Contract Number: H2256
Legal Entity Name: TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION
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: 105,626 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
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Contract Number: H2261
Legal Entity Name: BCBS OF MASSACHUSETTS HMO BLUE, INC.
Organization Marketing Name: Blue Cross Blue Shield of Massachusetts
Parent Organization: Blue Cross and Blue Shield of Massachusetts, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1996 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 11,204 Legal Entity Address: 401 PARK DRIVE City: BOSTON State: MA Zip: 02215	Contact Title: Name: Member Services Phone: 1-800-200-4255 Extension: Fax: Email: governmentprograms@bcbsma.com Address: 25 Technology Place Mailstop 03-02 City: Hingham State: MA Zip: 02043-4359 Last Updated: 06/10/2010
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Contract Number: H2312
Legal Entity Name: HEALTH ALLIANCE PLAN OF MICHIGAN
Organization Marketing Name: HAP Senior Plus
Parent Organization: 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: 42,554 Legal Entity Address: 2850 W. GRAND BLVD. City: DETROIT State: MI Zip: 48202	Contact Title: Corporate Compliance Officer Name: Deborah L Marine Phone: 1-800-801-1766 Extension: Fax: 1-313-664-8479 Email: dmarine@hap.org Address: 2850 W. Grand Blvd. City: Detroit State: MI Zip: 48202 Last Updated: 09/27/2013
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Contract Number: H2318
Legal Entity Name: CENTER FOR SENIOR INDEPENDENCE
Organization Marketing Name: Center for Senior Independence
Parent Organization: Henry Ford Health System

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 278 Legal Entity Address: 7800 W. OUTER DRIVE, SUITE 240 City: DETROIT State: MI Zip: 48235	Contact Title: Executive Director Name: Lori Crow Phone: 1-313-543-6320 Extension: Fax: 1-313-543-6222 Email: lcrow1@hfhs.org Address: 7800 W Outer Drive Suite 240 City: Detroit State: MI Zip: 48235 Last Updated: 12/19/2013
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Contract Number: H2320
Legal Entity Name: PRIORITY HEALTH
Organization Marketing Name: Priority Health Medicare
Parent Organization: Spectrum Health System

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 78,029 Legal Entity Address: 1231 EAST BELTLINE AVE N.E. City: GRAND RAPIDS State: MI Zip: 49525	Contact Title: Name: Customer Service Phone: 1-888-389-6648 Extension: Fax: Email: CSEmail-Incoming@priorityhealth.com Address: 1231 East Beltline Ave NE City: Grand Rapids State: MI Zip: 49525 Last Updated: 08/21/2006
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Contract Number: H2322
Legal Entity Name: ALLIANCE HEALTH AND LIFE INSURANCE COMPANY
Organization Marketing Name: Alliance Medicare PPO
Parent Organization: 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: 3,390 Legal Entity Address: 2850 WEST GRAND BLVD. City: Detroit State: MI Zip: 48202	Contact Title: Corporate Compliance Officer Name: Deborah L Marine Phone: 1-800-801-1766 Extension: Fax: 1-313-664-8479 Email: dmarine@hap.org Address: 2850 W. Grand Blvd. City: Detroit State: MI Zip: 48202 Last Updated: 09/27/2013
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Contract Number: H2323
Legal Entity Name: FIDELIS SECURECARE OF MICHIGAN
Organization Marketing Name: Fidelis SecureCare Of Michigan
Parent Organization: Fidelis SeniorCare, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,598 Legal Entity Address: 3031 West Grand Avenue Suite 650 City: Detroit State: MI Zip: 48202	Contact Title: Operations Manager Name: Kathleen Sosa Phone: 1-847-592-9162 Extension: Fax: Email: kathleen.sosa@fidelissc.com Address: 20 North Martingale Road Suite 180 City: Schaumburg State: IL Zip: 60173 Last Updated: 12/06/2013
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Contract Number: H2354
Legal Entity Name: HEALTHPLUS OF MICHIGAN
Organization Marketing Name: HealthPlus of Michigan
Parent Organization: HealthPlus of Michigan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 19,410 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
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Contract Number: H2386
Legal Entity Name: APPALACHIAN AGENCY FOR SENIOR CITIZENS, INC.
Organization Marketing Name: Appalachian Agency for Senior Citizens, Inc.
Parent Organization: Appalachian Agency for Senior Citizens, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 54 Legal Entity Address: P.O.B. 765 216 College Ridge Road City: Cedar Bluff State: VA Zip: 24609	Contact Title: Program Director Name: Dana Collins Phone: 1-276-964-4915 Extension: 7152 Fax: 1-276-963-0130 Email: dcollins@aasc.org Address: P.O.B. 765 City: Cedar Bluff State: VA Zip: 24609 Last Updated: 03/24/2011
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Contract Number: H2406
Legal Entity Name: SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
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: 3,587 Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2411
Legal Entity Name: FALLON COMMUNITY HEALTH PLAN
Organization Marketing Name: Fallon Senior Plan or 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: 32 Legal Entity Address: 10 CHESTNUT STREET City: WORCESTER State: MA Zip: 01608	Contact Title: Name: Customer Service Phone: 1-508-799-2100 Extension: 69988 Fax: Email: CustomerService@fchp.org Address: One Chestnut Place 10 Chestnut Street City: Worcester State: MA Zip: 01608 Last Updated: 04/26/2012
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Contract Number: H2416
Legal Entity Name: PRIMEWEST CTRL COUNTY-BASED PURCHASING INITIATIVE
Organization Marketing Name: PrimeWest Health
Parent Organization: PrimeWest Central County-Based Purchasing Initiati

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 2,080 Legal Entity Address: 2209 Jefferson Street Suite 101 City: ALEXANDRIA State: MN Zip: 56308	Contact Title: Director of Communications Name: Beth Hendrickson Phone: 1-320-763-4135 Extension: Fax: 1-320-762-8750 Email: beth.hendrickson@primewest.org Address: PrimeWest Health 2209 Jefferson St, Ste 101 City: Alexandria State: MN Zip: 56308 Last Updated: 10/30/2013
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Contract Number: H2417
Legal Entity Name: ITASCA MEDICAL CARE
Organization Marketing Name: Itasca Medical Care/IMCare Classic
Parent Organization: Itasca County Health & Human Services

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 490 Legal Entity Address: 1219 SE 2ND AVENUE City: GRAND RAPIDS State: MN Zip: 55744	Contact Title: Program Director Name: Brett Skyles Phone: 1-218-327-5517 Extension: Fax: 1-218-327-5545 Email: brett.skyles@co.itasca.mn.us Address: 1219 SE 2nd Ave. City: Grand Rapids State: MN Zip: 55744 Last Updated: 05/15/2007
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Contract Number: H2419 Legal Entity Name: SOUTH COUNTRY HEALTH ALLIANCE Organization Marketing Name: South Country Health Alliance Parent Organization: South Country Health Alliance	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 1,680 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
Contract Number: H2422 Legal Entity Name: HEALTHPARTNERS, INC. Organization Marketing Name: HealthPartners Parent Organization: HealthPartners, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 3,096 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
Contract Number: H2425 Legal Entity Name: BLUE PLUS Organization Marketing Name: Blue Plus Parent Organization: Blue Cross and Blue Shield of Minnesota	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 17,032 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
Contract Number: H2450 Legal Entity Name: MEDICA INSURANCE COMPANY Organization Marketing Name: Medica Insurance Company Parent Organization: Medica Holding Company	
Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1990 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 151,945 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

Contract Number: H2456
Legal Entity Name: UCARE MINNESOTA
Organization Marketing Name: UCare
Parent Organization: UCare Minnesota

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 9,772 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
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Contract Number: H2457
Legal Entity Name: METROPOLITAN HEALTH PLAN
Organization Marketing Name: MHP
Parent Organization: Metropolitan Health Plan

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 9,720 Legal Entity Address: 401 Carlson Parkway City: MINNETONKA State: MN Zip: 55305	Contact Title: Name: Customer Service Phone: 1-800-234-8755 Extension: Fax: Email: centerforhealthyaging@medica.com Address: 401 Carlson Parkway City: Minnetonka State: MN Zip: 55305 Last Updated: 08/22/2006
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Contract Number: H2459
Legal Entity Name: UCARE MINNESOTA
Organization Marketing Name: UCare
Parent Organization: UCare Minnesota

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1998 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 89,632 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
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Contract Number: H2461
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF MINNESOTA
Organization Marketing Name: Blue Cross and Blue Shield of Minnesota
Parent Organization: Blue Cross and Blue Shield of Minnesota

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 119,209 Legal Entity Address: 3400 Yankee Drive City: Eagan State: MN Zip: 55122	Contact Title: Name: Customer Service Phone: 1-888-740-6013 Extension: Fax: Email: CS@bluecrossmn.com Address: 3400 Yankee Drive City: Eagan State: MN Zip: 55121-1627 Last Updated: 09/11/2006
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Contract Number: H2462
Legal Entity Name: GROUP HEALTH PLAN, INC. (MN)
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: 46,717 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
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Contract Number: H2486
Legal Entity Name: HUMANA MEDICAL PLAN OF UTAH, INC.
Organization Marketing Name: Humana Medical Plan of Utah, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 5,850 Legal Entity Address: 9815 South Monroe Street Suite 300 City: Sandy State: UT Zip: 84070	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
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Contract Number: H2491
Legal Entity Name: WELLCARE HEALTH INSURANCE OF ARIZONA, INC.
Organization Marketing Name: 'Ohana Health Plan
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 9,898 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: VP, Medicare Regulatory Affairs Name: Wendy Reynolds 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: 10/21/2013
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Contract Number: H2506
Legal Entity Name: AETNA BETTER HEALTH, INC. (IL)
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: *	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
Legal Entity Address: 1 South Wacker Suite 1200, MC F646 City: Chicago State: IL Zip: 60606	

Contract Number: H2531
Legal Entity Name: UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC.
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: *	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 04/05/2012
Legal Entity Address: 9200 Worthington Road City: Westerville State: OH Zip: 43082	

Contract Number: H2537
Legal Entity Name: LIFE LUTHERAN SERVICES, INC.
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	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 Address: 840 Fifth Avenue, Chambersburg, PA 17201 1920 Good Hope Road, Enola, PA 17025-1235 City: Chambersburg State: PA Zip: 17201	

Contract Number: H2542
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 21,496	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 Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	

Contract Number: H2563
Legal Entity Name: OPTIMA HEALTH PLAN
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: 484 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: bjmillier@sentara.com Address: 4417 Corporation Lane City: Virginia Beach State: VA Zip: 23462 Last Updated: 01/14/2013
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Contract Number: H2593
Legal Entity Name: CAREMORE HEALTH PLAN OF ARIZONA, INC.
Organization Marketing Name: CareMore Health Plan of Arizona, Inc.
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 15,522 Legal Entity Address: 12900 Park Plaza Drive, Suite 150 City: Cerritos State: CA Zip: 90703	Contact Title: Manager of Membership & Eligibility Dept. Name: Lisa Sarinana Phone: 1-562-622-2900 Extension: 4381 Fax: 1-562-741-4412 Email: Lisa.Sarinana@Caremore.com Address: 12900 Park Plaza Drive Suite 150 City: Cerritos State: CA Zip: 90703 Last Updated: 10/25/2010
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Contract Number: H2609
Legal Entity Name: ALEXIAN BROTHERS COMMUNITY SERVICES
Organization Marketing Name: Alexian Brothers Community Services
Parent Organization: Acension Health

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2001 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Kansas City Enrollment: 160 Legal Entity Address: 3900 S. GRAND BOULEVARD City: ST. LOUIS State: MO Zip: 63118	Contact Title: Marketing/Enrollment Director Name: Katina Boykin Phone: 1-314-743-1528 Extension: Fax: 1-314-771-7830 Email: kboykin@alexianbrothers.net Address: 3900 S. Grand City: St. Louis State: MO Zip: 63118 Last Updated: 04/06/2013
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Contract Number: H2610
Legal Entity Name: ESSENCE HEALTHCARE, INC.
Organization Marketing Name: Essence Healthcare
Parent Organization: Essence Group Holdings Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2004 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 40,766 Legal Entity Address: 13900 Riverport Drive City: Maryland Heights State: MO Zip: 63043	Contact Title: Name: Customer Service Phone: 1-425-778-5685 Extension: Fax: 1-314-209-2801 Email: customerservice@essencehealthcare.com Address: 13900 Riverport Drive City: Maryland Heights State: MO Zip: 63043 Last Updated: 03/11/2011
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Contract Number: H2611
Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY
Organization Marketing Name: Coventry Health Care
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 4,941	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
Legal Entity Address: 550 Maryville Center Dr. Suite 300 City: St. Louis State: MO Zip: 63141	

Contract Number: H2643
Legal Entity Name: LOCAL INITIATIVE HEALTH AUTHORITY FOR L.A. COUNTY
Organization Marketing Name: L.A. Care Health Plan Medicare Advantage
Parent Organization: Local Initiative Health Authority for LA County

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 7,035	Contact Title: Sr. Director Medicare Programs Name: Gretchen Brown Phone: 1-213-694-1250 Extension: 4805 Fax: 1-213-438-5736 Email: gbrown@lacare.org Address: 1055 West 7th Street 5th Fl City: Los Angeles State: CA Zip: 90017 Last Updated: 05/06/2013
Legal Entity Address: 1055 West 7th Street City: Los Angeles State: CA Zip: 90017	

Contract Number: H2649
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1990 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 93,467	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 Address: 321 West Main Street, 12th Floor City: Louisville State: KY Zip: 40202	

Contract Number: H2654
Legal Entity Name: UNITEDHEALTHCARE OF THE MIDWEST, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1992 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 51,506	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
Legal Entity Address: 13655 RIVERPORT DRIVE City: MARYLAND HEIGHTS State: MO Zip: 63043	

Contract Number: H2663
Legal Entity Name: COVENTRY HEALTH CARE OF MISSOURI, INC
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: 47,662 Legal Entity Address: 550 Maryville Centre Drive Suite 300 City: St. Louis State: MO Zip: 631415818	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H2667
Legal Entity Name: COVENTRY HEALTH CARE OF MISSOURI, INC
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: 19,863 Legal Entity Address: 550 Maryville Center Dr. Suite 300 City: St. Louis State: MO Zip: 63141	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H2672
Legal Entity Name: COVENTRY HEALTH CARE OF KANSAS, INC.
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: 16,344 Legal Entity Address: 9401 Indian Creek Parkway Suite 1300 City: Overland Park State: KS Zip: 66210	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H2676
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
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: 486 Legal Entity Address: 2900 North Loop West Suite 1300 City: Houston State: TX Zip: 77092	Contact Title: Business Communcation Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
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Contract Number: H2701
Legal Entity Name: NEW WEST HEALTH SERVICES
Organization Marketing Name: New West Health Services
Parent Organization: New West Health Services

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 06/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 21,982 Legal Entity Address: 130 NEILL AVE City: HELENA State: MT Zip: 59601	Contact Title: Director, Medicare Programs/Compliance Officer Name: Alissa Beattie Phone: 1-888-873-8049 Extension: Fax: 1-406-457-2299 Email: Gov_Prgs@nwHP.com Address: 130 Neill Avenue City: Helena State: MT Zip: 59601 Last Updated: 04/23/2012
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Contract Number: H2758
Legal Entity Name: BEHEALTHY AMERICA, INC.
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: 589 Legal Entity Address: 6948 Professional Parkway East City: Sarasota State: FL Zip: 34240	Contact Title: Supervisor, Customer Service Name: Larry Golden Phone: 1-941-363-4664 Extension: Fax: Email: larryg@behealthyus.com Address: 6948 Professional Parkway East City: Sarasota State: FL Zip: 34240 Last Updated: 12/30/2013
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Contract Number: H2773
Legal Entity Name: QUALITY HEALTH PLANS OF NEW YORK, INC.
Organization Marketing Name: QUALITY HEALTH PLANS
Parent Organization: QHP Financial Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 284 Legal Entity Address: 2805 Veterans Memorial Highway, Suite 17 City: Ronkonkoma State: NY Zip: 11779	Contact Title: Compliance Officer Name: Jill Demian Phone: 1-631-403-4265 Extension: 111 Fax: 1-631-403-4266 Email: cdgroupny@qualityhealthplansny.com Address: 2805 Veterans Memorial Highway, Suite 17 City: Ronkonkoma State: NY Zip: 11779 Last Updated: 04/17/2013
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Contract Number: H2775
Legal Entity Name: AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 11,151 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
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Contract Number: H2792
Legal Entity Name: GEISINGER QUALITY OPTIONS, INC.
Organization Marketing Name: Geisinger Gold
Parent Organization: Geisinger Health System

Organization Type: MSA Plan Type: MSA Contract Effective Date: 01/01/2013 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 645 Legal Entity Address: 100 North Academy Ave City: Danville State: PA Zip: 17822	Contact Title: Director of Customer Service Name: Renee Blasi Phone: 1-800-498-9731 Extension: 16159 Fax: 1-570-271-5970 Email: rmbiasi@thehealthplan.com Address: 100 North Academy Avenue City: Danville State: PA Zip: 17822-3229 Last Updated: 01/25/2012
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Contract Number: H2802
Legal Entity Name: UNITEDHEALTHCARE OF THE MIDLANDS, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1985 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 8,991 Legal Entity Address: 13655 RIVERPORT DRIVE City: MARYLAND HEIGHTS State: MO Zip: 63043	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2810
Legal Entity Name: GROUP HEALTH OPTIONS
Organization Marketing Name: Group Health Options, Inc.
Parent Organization: Group Health Cooperative

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 3,347 Legal Entity Address: 320 Westlake Ave. N. Suite 100 City: Seattle State: WA Zip: 98109	Contact Title: Health Plan Operations Name: Provider Assistance Unit Phone: 1-888-767-4670 Extension: Fax: 1-509-249-7615 Email: mccauley.t@ghc.org Address: Group Health Cooperative, Provider Assistance Unit PO Box 34585 City: Seattle State: WA Zip: 98124-1585 Last Updated: 02/18/2009
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Contract Number: H2815
Legal Entity Name: VOLUNTEERS OF AMERICA NATIONAL SERVICES
Organization Marketing Name: Senior CommUnity Care of Colorado
Parent Organization: Volunteers of America National Services

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 08/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 241 Legal Entity Address: 2377 Robins Way City: Montrose State: CO Zip: 81401	Contact Title: Business Office Manager Name: Jeanette Curtis Phone: 1-970-252-0522 Extension: Fax: 1-970-252-0166 Email: jcurtis@voa.org Address: 2377 Robins Way City: Montrose State: CO Zip: 81401 Last Updated: 12/06/2011
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Contract Number: H2816
Legal Entity Name: AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 25,477 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
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Contract Number: H2836
Legal Entity Name: ANTHEM HEALTH PLANS, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,442 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
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Contract Number: H2879
Legal Entity Name: MOLINA HEALTHCARE OF WISCONSIN
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: 109 Legal Entity Address: 2400 South 102nd Street City: West Allis State: WI Zip: 53227	Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standing@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/05/2013
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Contract Number: H2905
Legal Entity Name: SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
Organization Marketing Name: Sierra Health and Life Insurance Company, Inc.
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 3,735 Legal Entity Address: 2724 N. Tenaya Way City: Las Vegas State: NV Zip: 89128	Contact Title: Director, Government Programs/Member Services Name: David Stuczynski Phone: 1-702-838-2066 Extension: Fax: 1-702-869-2484 Email: David.Stuczynski@uhc.com Address: 2720 N. Tenaya Way City: Las Vegas State: NV Zip: 89128 Last Updated: 06/09/2009
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Contract Number: H2906
Legal Entity Name: HOMETOWN HEALTH PLAN
Organization Marketing Name: Senior Care Plus
Parent Organization: Renown Health

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 3,151 Legal Entity Address: 830 HARVARD WAY City: RENO State: NV Zip: 89502	Contact Title: Director of Government Programs Name: Matthew C Ladich Phone: 1-775-982-3113 Extension: Fax: 1-775-982-3743 Email: mladich@hometownhealth.com Address: 830 Harvard Way City: Reno State: NV Zip: 89502 Last Updated: 02/17/2012
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Contract Number: H2911
Legal Entity Name: VANTAGE HEALTH PLAN, INC.
Organization Marketing Name: Vantage Health Plan, Inc.
Parent Organization: Vantage Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2013 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 1,141 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: 01/08/2013
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Contract Number: H2926
Legal Entity Name: PRIMEWEST CTRL COUNTY-BASED PURCHASING INITIATIVE
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: 195 Legal Entity Address: 2209 Jefferson Street Suite 101 City: Alexandria State: MN Zip: 56308	Contact Title: Director of Communications Name: Beth Hendrickson Phone: 1-320-763-4135 Extension: Fax: 1-320-762-8750 Email: beth.hendrickson@primewest.org Address: PrimeWest Health 2209 Jefferson St, Ste 101 City: Alexandria State: MN Zip: 56308 Last Updated: 10/30/2013
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Contract Number: H2931
Legal Entity Name: HEALTH PLAN OF NEVADA, INC.
Organization Marketing Name: Health Plan of Nevada, Inc.
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1985 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 53,339 Legal Entity Address: 2720 NORTH TENAYA WAY P.O. BOX 15645 City: LAS VEGAS State: NV Zip: 891145645	Contact Title: Director, Government Programs/Member Services Name: David Stuczynski Phone: 1-702-838-2066 Extension: Fax: 1-702-869-2484 Email: David.Stuczynski@uhc.com Address: 2720 N. Tenaya Way City: Las Vegas State: NV Zip: 89128 Last Updated: 06/09/2009
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Contract Number: H2936
Legal Entity Name: LIFECIRCLES
Organization Marketing Name: LIFECIRCLES
Parent Organization: LifeCircles

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 215 Legal Entity Address: 560 Seminole Road City: Muskegon State: MI Zip: 49444	Contact Title: Executive Director Name: Robert H Mills Phone: 1-231-733-8686 Extension: Fax: Email: rmills@lifecircles-pace.org Address: 560 Seminole RD City: Muskegon State: MI Zip: 49444 Last Updated: 04/29/2008
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Contract Number: H2937
Legal Entity Name: SENIOR LIFE GREENSBURG, INC.
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: 79 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
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Contract Number: H2941
Legal Entity Name: SENTARA LIFE CARE CORPORATION, INC
Organization Marketing Name: Sentara Senior Community Care
Parent Organization: Sentara Health Care (SHC)

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 231 Legal Entity Address: 665 NEWTOWN ROAD SUITE 121 City: VIRGINIA BEACH State: VA Zip: 23462	Contact Title: Business Development Director Name: Tina Waring Phone: 1-757-261-4047 Extension: Fax: Email: tmwaring@sentara.com Address: 251 S. Newtown Road City: Norfolk State: VA Zip: 23502 Last Updated: 08/30/2012
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Contract Number: H2944
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 28,279 Legal Entity Address: 1100 EMPLOYERS BLVD City: DePERE State: WI Zip: 54115	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
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Contract Number: H2949
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1992 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 37,438 Legal Entity Address: 321 West Main Street, 12th Floor 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: 05/06/2013
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Contract Number: H2960
Legal Entity Name: HOMETOWN HEALTH PLAN
Organization Marketing Name: Senior Care Plus
Parent Organization: Renown Health

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1995 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 12,223 Legal Entity Address: 830 Harvard Way City: RENO State: NV Zip: 89502	Contact Title: Director of Government Programs Name: Matthew C Ladich Phone: 1-775-982-3113 Extension: Fax: 1-775-982-3743 Email: mladich@hometownhealth.com Address: 830 Harvard Way City: Reno State: NV Zip: 89502 Last Updated: 02/17/2012
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Contract Number: H2962
Legal Entity Name: ULTIMATE HEALTH PLANS, INC.
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: 2,813 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
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Contract Number: H2992
Legal Entity Name: SENIORLIFE WASHINGTON, INC.
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: 352 Legal Entity Address: 209 Sigma Drive City: Pittsburgh State: PA Zip: 15238	Contact Title: Cheif Executive Officer Name: Mark Irwin Phone: 1-814-535-6000 Extension: 101 Fax: 1-814-248-7902 Email: Mirwin@grane.com Address: 401 Broad Street City: Johnstown State: PA Zip: 15906 Last Updated: 09/11/2009
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Contract Number: H3054
Legal Entity Name: CONSTELLATION HEALTH, LLC.
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: 649

Legal Entity Address: CSA Plaza, Suite 500, 1064 Ponce de Leon Avenue
 City: San Juan
 State: PR
 Zip: 00907

Contact Title: Compliance Officer
Name: Aleshka Burgos-Colon
Phone: 1-787-379-7447
Extension:
Fax:
Email: aburgos@constellationhealth.com
Address: PO Box 360493
 City: San Juan
 State: PR
 Zip: 00936
Last Updated: 03/01/2014

Contract Number: H3060
Legal Entity Name: VIECARE BUTLER LLC DBA LIFE BUTLER COUNTY
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: 96

Legal Entity Address: 231 West Diamond Street
 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

Contract Number: H3067
Legal Entity Name: VIRGINIA PREMIER HEALTH PLAN, INC.
Organization Marketing Name: Virginia Premier CompleteCare
Parent Organization: Virginia Cwth 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: *

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

Contract Number: H3071
Legal Entity Name: COMMUNITY CARE ALLIANCE OF ILLINOIS, NFP
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: 248

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

Contact Title: Chief Operating Officer
Name: Ellen Dooley
Phone: 1-312-880-1693
Extension:
Fax:
Email: edooley@ccaillinois.com
Address: 322 S Green Street
 suite 400
 City: Chicago
 State: IL
 Zip: 60607
Last Updated: 02/05/2013

Contract Number: H3107
Legal Entity Name: OXFORD HEALTH PLANS (NJ), INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1991 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 74,149 Legal Entity Address: 48 Monroe Turnpike City: Trumbull State: CT Zip: 06611	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/13/2011
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Contract Number: H3113
Legal Entity Name: OXFORD HEALTH PLANS (NJ), INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,038 Legal Entity Address: 44 SOUTH BROADWAY City: WHITE PLAINS State: NY Zip: 10601	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3132
Legal Entity Name: AHF MCO OF FLORIDA, INC.
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: 949 Legal Entity Address: 110 SE 6th St., Ste. 1960 City: Fort Lauderdale State: FL Zip: 33301	Contact Title: Health Plan Administrator Name: Michael O'Malley Phone: 1-888-456-4715 Extension: Fax: 1-323-337-9141 Email: michael.omalley@aidshhealth.org Address: 1001 N. Martel Ave. City: Los Angeles State: CA Zip: 90046 Last Updated: 06/13/2013
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Contract Number: H3144
Legal Entity Name: COVENTRY HEALTH CARE OF ILLINOIS, INC.
Organization Marketing Name: Coventry Health Care of Illinois, Inc.
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 988 Legal Entity Address: 2110 Fox Drive Suite A City: Champagne State: IL Zip: 61820	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H3152
Legal Entity Name: AETNA HEALTH, INC. (NJ)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/1993 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 34,516 Legal Entity Address: 55 LANE ROAD City: FAIRFIELD State: NJ Zip: 070041098	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 12/11/2007
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Contract Number: H3154
Legal Entity Name: HORIZON HEALTHCARE OF NEW JERSEY, INC.
Organization Marketing Name: Horizon Blue Cross Blue Shield of New Jersey, Inc.
Parent Organization: Horizon Healthcare Services, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1996 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 40,031 Legal Entity Address: 3 PENN PLAZA EAST City: NEWARK State: NJ Zip: 07105	Contact Title: Manager, Service Operations Name: Lillian Amabile Phone: 1-973-466-4875 Extension: Fax: Email: lillian_amabile@horizonblue.com Address: Three Penn Plaza East PP-07K City: Newark State: NJ Zip: 07105 Last Updated: 03/10/2014
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Contract Number: H3156
Legal Entity Name: AMERIHEALTH HMO, INC.
Organization Marketing Name: AmeriHealth 65 Preferred HMO
Parent Organization: Independence Blue Cross

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1995 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 20,583 Legal Entity Address: 1901 MARKET STREET 45 TH FLOOR City: PHILADELPHIA State: PA Zip: 19103	Contact Title: Name: Customer Service Phone: 1-800-275-2583 Extension: Fax: Email: info@amerihealthmedicare.com Address: PO Box 7799 City: Philadelphia State: PA Zip: 19101-7799 Last Updated: 07/16/2012
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Contract Number: H3204
Legal Entity Name: PRESBYTERIAN HEALTH PLAN
Organization Marketing Name: Presbyterian Senior Care (HMO)
Parent Organization: Presbyterian Healthcare Services

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1986 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 24,155 Legal Entity Address: 2501 BUENA VISTA SE P.O. BOX 27489 City: ALBUQUERQUE State: NM Zip: 87106	Contact Title: Director, Medicare Programs Name: Melissa Banik Phone: 1-505-923-8955 Extension: Fax: 1-505-923-6022 Email: mbanik@phs.org Address: P.O. Box 27489 2501 Buena Vista Pl SE (BV4129) City: Albuquerque State: NM Zip: 87125-7489 Last Updated: 08/12/2013
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Contract Number: H3206
Legal Entity Name: PRESBYTERIAN INSURANCE COMPANY, INC.
Organization Marketing Name: Presbyterian MediCare PPO
Parent Organization: Presbyterian Healthcare Services

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 14,028 Legal Entity Address: P.O. BOX 27489 2501 BUENA VISTA, S.E. City: ALBUQUERQUE State: NM Zip: 871257489	Contact Title: Director, Medicare Programs Name: Melissa Banik Phone: 1-505-923-8955 Extension: Fax: 1-505-923-6022 Email: mbanik@phs.org Address: P.O. Box 27489 2501 Buena Vista Pl SE (BV4129) City: Albuquerque State: NM Zip: 87125-7489 Last Updated: 08/12/2013
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Contract Number: H3209
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,972 Legal Entity Address: 9900 BREN ROAD EAST City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3237
Legal Entity Name: HEALTH NET COMMUNITY SOLUTIONS, INC.
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: * 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
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Contract Number: H3240
Legal Entity Name: AMERIGROUP NEW JERSEY, INC.
Organization Marketing Name: Amerigroup Community Care
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 3,583 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
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Contract Number: H3251
Legal Entity Name: LOVELACE HEALTH SYSTEM, INC.
Organization Marketing Name: Lovelace Medicare Plan
Parent Organization: Ardent Health Services.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 11/01/1993 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 28,096 Legal Entity Address: 4101 INDIAN SCHOOL RD. NE City: ALBUQUERQUE State: NM Zip: 87110	Contact Title: Name: Customer Service Phone: 1-505-727-5456 Extension: Fax: Email: kathie.lehner@lovelace.com Address: 4101 Indian School Rd NE City: Albuquerque State: NM Zip: 87110 Last Updated: 02/03/2014
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Contract Number: H3259
Legal Entity Name: VOLUNTEER STATE HEALTH PLAN
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: 402 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
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Contract Number: H3283
Legal Entity Name: MEDICA HEALTH PLANS
Organization Marketing Name: Medica Health Plans
Parent Organization: Medica Holding Company

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 1,278 Legal Entity Address: 401 Carlson Parkway City: Minnetonka State: MN Zip: 55305	Contact Title: Name: Customer Service Phone: 1-800-234-8755 Extension: Fax: Email: centerforhealthyaging@medica.com Address: 401 Carlson Parkway City: Minnetonka State: MN Zip: 55305 Last Updated: 01/11/2011
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Contract Number: H3305
Legal Entity Name: MVP HEALTH PLAN, INC.
Organization Marketing Name: MVP HEALTH CARE
Parent Organization: MVP Health Care, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 11/01/1985 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 47,498 Legal Entity Address: 220 Alexander Ave. City: Rochester State: NY Zip: 14607	Contact Title: Sales Manager, Medicare Name: Catherine Mercury Phone: 1-888-280-6205 Extension: Fax: Email: cmercury@mvphealthcare.com Address: 220 Alexander St City: Rochester State: NY Zip: 14607 Last Updated: 05/18/2009
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Contract Number: H3307
Legal Entity Name: OXFORD HEALTH PLANS (NY), INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1991 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 71,844 Legal Entity Address: 48 Monroe Turnpike City: Trumbull State: CT Zip: 06611	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/13/2011
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Contract Number: H3312
Legal Entity Name: AETNA HEALTH, INC. (NY)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1986 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 15,123 Legal Entity Address: 99 PARK AVENUE City: NEW YORK State: NY Zip: 10016	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H3314
Legal Entity Name: HEALTH INSURANCE PLAN OF GREATER NEW YORK
Organization Marketing Name: HIP Health Plan of Greater New York
Parent Organization: EmblemHealth, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 400 Legal Entity Address: 7 WEST 34TH STREET City: NEW YORK State: NY Zip: 10001	Contact Title: Sr. Dir., Customer Service Name: Charles Mellia Phone: 1-646-447-6467 Extension: Fax: 1-646-447-3071 Email: CMellia@EmblemHealth.com Address: 55 Water Street City: New York State: NY Zip: 10041 Last Updated: 10/23/2012
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Contract Number: H3321
Legal Entity Name: INDEPENDENT LIVING SRVCS OF CENTRAL NY
Organization Marketing Name: Independent Living Svcs 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: 471 Legal Entity Address: 100 MALTA LANE City: NORTH SYRACUSE State: NY Zip: 13212	Contact Title: Name: Ginny Turley Phone: 1-315-452-5800 Extension: 156 Fax: Email: gturley@lorettosystem.org Address: 100 Malta Lane City: North Syracuse State: NY Zip: 13212 Last Updated: 12/19/2007
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Contract Number: H3322
Legal Entity Name: SENIOR CARE CONNECTION, INC.
Organization Marketing Name: Eddy SeniorCare
Parent Organization: Senior Care Connection, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 136 Legal Entity Address: 504 STATE STREET City: SCHENECTADY State: NY Zip: 12305	Contact Title: VicePresident/Director Name: Bernadette Hallam Phone: 1-518-382-3290 Extension: 6349 Fax: 1-518-382-3398 Email: hallamb@nehealth.com Address: 504 State Street City: Schenectady State: NY Zip: 12305 Last Updated: 05/10/2012
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Contract Number: H3327
Legal Entity Name: TOUCHSTONE HEALTH HMO, INC.
Organization Marketing Name: Touchstone Health
Parent Organization: Touchstone Health Partnership, Inc

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 13,567 Legal Entity Address: One North Lexington Avenue 12th floor City: White Plains State: NY Zip: 10601	Contact Title: Vice President, Marketing Name: Laura Dechen Phone: 1-914-288-1131 Extension: Fax: 1-914-288-1200 Email: ldechen@touchstoneh.com Address: One North Lexington Avenue 12th Floor City: White Plains State: NY Zip: 10601 Last Updated: 02/23/2012
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Contract Number: H3328
Legal Entity Name: THE NEW YORK STATE CATHOLIC HEALTH PLAN, INC.
Organization Marketing Name: Fidelis Care
Parent Organization: The New York State Catholic Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2004 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 19,295 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
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Contract Number: H3329
Legal Entity Name: CENTERLIGHT HEALTHCARE, INC.
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: 3,021 Legal Entity Address: 1250 Waters Place Tower 1, Suite 602 City: BRONX State: NY Zip: 10461	Contact Title: VP for Provider Relations & Network Development Name: Cathy Neiman Phone: 1-347-640-6120 Extension: Fax: Email: cneiman@centerlight.org Address: 1250 Waters Place Tower 1, Suite 602 City: Bronx State: NY Zip: 10461 Last Updated: 03/30/2012
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Contract Number: H3330
Legal Entity Name: HEALTH INSURANCE PLAN OF GREATER NEW YORK
Organization Marketing Name: EmblemHealth Medicare HMO
Parent Organization: EmblemHealth, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 111,610 Legal Entity Address: 55 Water Street City: NEW YORK State: NY Zip: 10041	Contact Title: Sr. Director Customer Service Name: Charles Mellia Phone: 1-646-447-6467 Extension: Fax: 1-646-447-3071 Email: CMellia@EmblemHealth.com Address: 55 Water Street City: New York State: NY Zip: 10041 Last Updated: 10/25/2012
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Contract Number: H3331
Legal Entity Name: INDEPENDENT LIVING FOR SENIORS, INC.
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: 474 Legal Entity Address: 2066 HUDSON AVENUE City: ROCHESTER State: NY Zip: 14617	Contact Title: Director of Health Plan Operations Name: Mary Dappen Phone: 1-585-922-9958 Extension: Fax: 1-585-922-2864 Email: MaryKathryn.Dappen@rochestergeneral.org Address: 490 E. Ridge Road City: Rochester State: NY Zip: 14621 Last Updated: 03/07/2014
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Contract Number: H3333
Legal Entity Name: AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 05/01/2004 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 2,083 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
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Contract Number: H3335
Legal Entity Name: EXCELLUS HEALTH PLAN, INC.
Organization Marketing Name: Excellus Health Plan, Inc
Parent Organization: Lifetime Healthcare, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2004 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 47,753 Legal Entity Address: 165 Court St. City: Rochester State: NY Zip: 14647	Contact Title: Customer Service Department Name: * Customer Service Phone: 1-877-883-9577 Extension: Fax: Email: customerservice@excellus.com Address: 205 Park Club Lane City: Buffalo State: NY Zip: 14221 Last Updated: 06/11/2012
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Contract Number: H3337
Legal Entity Name: LIBERTY HEALTH ADVANTAGE, INC.
Organization Marketing Name: Liberty Health Advantage
Parent Organization: Liberty Health Advantage, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 4,672 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
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Contract Number: H3342
Legal Entity Name: EMPIRE HEALTHCHOICE ASSURANCE, INC.
Organization Marketing Name: Empire BlueCross BlueShield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 44,764 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
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Contract Number: H3344
Legal Entity Name: INDEPENDENT HEALTH BENEFITS CORPORATION
Organization Marketing Name: Independent Health
Parent Organization: Independent Health Association, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 2,107 Legal Entity Address: 511 FARBER LAKES DRIVE City: BUFFALO State: NY Zip: 14221	Contact Title: Name: Member Services Phone: 1-800-665-1502 Extension: Fax: Email: wnyms@independenthealth.com Address: 511 Farber Lakes Drive City: Buffalo State: NY Zip: 14221 Last Updated: 01/08/2008
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Contract Number: H3347
Legal Entity Name: ELDERPLAN, INC.
Organization Marketing Name: Elderplan
Parent Organization: Elderplan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 12,887 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: rrutherford@mjhs.org Address: 745 64th Street City: Brooklyn State: NY Zip: 11220 Last Updated: 11/11/2013
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Contract Number: H3351
Legal Entity Name: EXCELLUS HEALTH PLAN, INC.
Organization Marketing Name: Excellus Health Plan, Inc
Parent Organization: Lifetime Healthcare, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1990 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 74,151 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
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Contract Number: H3359
Legal Entity Name: MANAGED HEALTH, INC.
Organization Marketing Name: Healthfirst Medicare Plan
Parent Organization: Healthfirst, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1994 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 118,115 Legal Entity Address: 100 Church Street, 18th Floor City: New York State: NY Zip: 10007	Contact Title: AVP, Corporate Communications Name: Harris Brandt Phone: 1-212-801-6000 Extension: Fax: Email: hbrandt@healthfirst.org Address: 100 Church Street, 18th Floor City: New York State: NY Zip: 10007 Last Updated: 04/23/2013
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Contract Number: H3361
Legal Entity Name: WELLCARE OF NEW YORK, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/1995 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 49,425 Legal Entity Address: P.O.BOX 1652 City: NEWBURGH State: NY Zip: 12551	Contact Title: VP, Medicare Regulatory Affairs Name: Wendy Reynolds 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: 10/21/2013
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Contract Number: H3362
Legal Entity Name: INDEPENDENT HEALTH ASSOCIATION, INC.
Organization Marketing Name: Independent Health
Parent Organization: Independent Health Association, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1996 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 71,366 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: wnys@independenthealth.com Address: 511 Farber Lakes Drive City: Buffalo State: NY Zip: 14221 Last Updated: 01/08/2008
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Contract Number: H3370
Legal Entity Name: EMPIRE HEALTHCHOICE HMO, INC.
Organization Marketing Name: Empire BlueCross BlueShield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1996 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 68,461 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
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Contract Number: H3379
Legal Entity Name: UNITEDHEALTHCARE OF NEW YORK, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1997 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 21,840 Legal Entity Address: 3803 N ELM ST City: GREENSBORO State: NC Zip: 27455	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3384
Legal Entity Name: HEALTHNOW NEW YORK INC.
Organization Marketing Name: 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: 40,990 Legal Entity Address: 257 West Genesee Street City: BUFFALO State: NY Zip: 14202	Contact Title: Name: Customer Service Phone: 1-877-327-1395 Extension: Fax: Email: seniorblue@bcbswny.com Address: PO Box 13599 City: Albany State: NY Zip: 12212 Last Updated: 06/06/2011
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Contract Number: H3387
Legal Entity Name: UNITEDHEALTHCARE OF NEW YORK, INC.
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1999 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 7,934 Legal Entity Address: 7 HANOVER SQUARE 5TH FLOOR City: NEW YORK State: NY Zip: 10004	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: 01/17/2013
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Contract Number: H3388
Legal Entity Name: CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.
Organization Marketing Name: CDPHP Medicare Choices
Parent Organization: Capital District Physicians' Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 35,195 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
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Contract Number: H3404
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA
Organization Marketing Name: Blue Cross and Blue Shield of North Carolina
Parent Organization: Blue Cross and Blue Shield of North Carolina

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 22,020 Legal Entity Address: P.O Box 2291 City: Durham State: NC Zip: 277022291	Contact Title: Call Center support Name: Provider Services Phone: 1-888-296-9790 Extension: Fax: Email: beth.clayton@bcbsnc.com Address: Blue Cross and Blue Shield of North Carolina 5660 University Pkwy City: Winston Salem State: NC Zip: 27105 Last Updated: 05/10/2010
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Contract Number: H3405
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 18,710 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	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
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Contract Number: H3421
Legal Entity Name: AMERICA'S 1ST CHOICE HEALTH PLANS, INC.
Organization Marketing Name: America's 1st Choice Health Plans, 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: 4,730 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
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Contract Number: H3430
Legal Entity Name: SUNCOAST PACE, INC.
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: 146 Legal Entity Address: 6774 102nd Avenue North City: Pinellas Park State: FL Zip: 33782	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
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Contract Number: H3447
Legal Entity Name: HEALTHKEEPERS, INC.
Organization Marketing Name: Anthem HealthKeepers
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2013 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,932 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
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Contract Number: H3449
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA
Organization Marketing Name: Blue Cross and Blue Shield of North Carolina
Parent Organization: Blue Cross and Blue Shield of North Carolina

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1995 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 136,741 Legal Entity Address: P.O. Box 2291 City: Durham State: NC Zip: 277022291	Contact Title: Call Center support Name: Provider Services Phone: 1-888-296-9790 Extension: Fax: Email: beth.clayton@bcbsnc.com Address: Blue Cross and Blue Shield of North Carolina 5660 University Pkwy City: Winston Salem State: NC Zip: 27105 Last Updated: 05/10/2010
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Contract Number: H3456
Legal Entity Name: UNITEDHEALTHCARE OF NORTH CAROLINA, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1997 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 80,110 Legal Entity Address: 3803 N Elm Street City: GREENSBORO State: NC Zip: 27455	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3471
Legal Entity Name: HEALTH ALLIANCE NORTHWEST HEALTH PLAN, INC.
Organization Marketing Name: Health Alliance Medicare
Parent Organization: Health Alliance Medical Plans

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 3,265 Legal Entity Address: 820 N Chelan Ave PO Box 810 City: Wenatchee State: WA Zip: 98801	Contact Title: Medicare Services Manager Name: Jennifer Marquardt Phone: 1-217-337-8439 Extension: Fax: 1-217-337-3425 Email: Jennifer.Marquardt@healthalliance.org Address: 301 S. Vine St. City: Urbana State: IL Zip: 61801 Last Updated: 02/14/2013
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Contract Number: H3473
Legal Entity Name: CHARLOTTESVILLE AREA RETIREMENT SERVICES, INC.
Organization Marketing Name: Blue Ridge PACE
Parent Organization: Riverside Health Systems

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: * 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
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Contract Number: H3480
Legal Entity Name: HUMANA HEALTH PLAN, INC.
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: * Legal Entity Address: 321 West Main Street, 12th Floor 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
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Contract Number: H3493
Legal Entity Name: LIFE AT LOURDES, INC.
Organization Marketing Name: LIFE at Lourdes
Parent Organization: Catholic Health East

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 177 Legal Entity Address: 2475 McClellan Ave., Bldg C Building C City: Pennsauken State: NJ Zip: 08109	Contact Title: Director of Marketing Name: Tangelo Thompson Phone: 1-856-675-3674 Extension: Fax: 1-856-675-3659 Email: thompson@lourdesnet.org Address: 2475 McClellan Avenue Building C City: Pennsauken State: NJ Zip: 08109 Last Updated: 06/09/2009
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Contract Number: H3503
Legal Entity Name: SANFORD HEART OF AMERICA HEALTH PLAN
Organization Marketing Name: 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: 356 Legal Entity Address: 210 SOUTH MAIN AVENUE City: RUGBY State: ND Zip: 58368	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
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Contract Number: H3528
Legal Entity Name: CONNECTICARE, INC.
Organization Marketing Name: ConnectiCare, Inc.
Parent Organization: EmblemHealth, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 52,904 Legal Entity Address: 175 Scott Swamp Road City: Farmington State: CT Zip: 06032	Contact Title: Manager, Medicare Customer Service & Direct Mktg Name: Lyndee Gray Phone: 1-877-224-8230 Extension: Fax: Email: LyndGray@ConnectiCare.com Address: 175 Scott Swamp Road P.O. Box 4050 City: Farmington State: CT Zip: 06034-4050 Last Updated: 11/14/2013
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Contract Number: H3533
Legal Entity Name: HUMANA HEALTH COMPANY OF NEW YORK, INC.
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: 1,366 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
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Contract Number: H3536
Legal Entity Name: MATTHEW THORNTON HEALTH PLAN, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 288 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
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Contract Number: H3597
Legal Entity Name: AETNA HEALTH, INC. (ME)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 7,332 Legal Entity Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 12/11/2007
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Contract Number: H3613
Legal Entity Name: MCGREGOR PACE
Organization Marketing Name: McGregor PACE
Parent Organization: McGregor at Overlook

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 279 Legal Entity Address: 2373 EUCLID HEIGHTS BOULEVARD City: CLEVELAND HEIGHTS State: OH Zip: 441062797	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: 01/31/2014
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Contract Number: H3614
Legal Entity Name: BETHESDA HOSPITAL, INC.
Organization Marketing Name: TriHealth SeniorLink
Parent Organization: TriHealth, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 346 Legal Entity Address: 4750 WESLEY AVENUE SUITE J City: CINCINNATI State: OH Zip: 45212	Contact Title: General Manager Name: Lori Aronson Phone: 1-513-458-8873 Extension: Fax: 1-513-458-8881 Email: Lori_Aronson@trihealth.com Address: 4750 Wesley Ave. City: Cincinnati State: OH Zip: 45212 Last Updated: 02/28/2013
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Contract Number: H3620
Legal Entity Name: AULTCARE INSURANCE COMPANY
Organization Marketing Name: PrimeTime Health Plan
Parent Organization: Aultman Health Foundation

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 2,198 Legal Entity Address: 214 DARTMOUTH AVENUE S.W. 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
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Contract Number: H3623
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 25,280 Legal Entity Address: 980 Jolly Road City: BLUE BELL State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H3653
Legal Entity Name: PARAMOUNT CARE, INC.
Organization Marketing Name: Paramount Elite
Parent Organization: Promedica Health System

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1995 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 14,165 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
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Contract Number: H3655
Legal Entity Name: COMMUNITY INSURANCE COMPANY
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1994 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 110,837 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
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Contract Number: H3659
Legal Entity Name: UNITEDHEALTHCARE OF OHIO, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1996 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 79,370 Legal Entity Address: 9200 WORTHINGTON ROAD City: WESTERVILLE State: OH Zip: 43082823	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3660
Legal Entity Name: SUMMACARE INC.
Organization Marketing Name: SummaCare 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: 32,677 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
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Contract Number: H3664
Legal Entity Name: AULTCARE INSURANCE COMPANY
Organization Marketing Name: PrimeTime Health Plan
Parent Organization: Aultman Health Foundation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 17,955 Legal Entity Address: 2600 SIXTH STREET 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
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Contract Number: H3668
Legal Entity Name: MOUNT CARMEL HEALTH PLAN, INC.
Organization Marketing Name: MediGold
Parent Organization: Trinity Health

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 45,754 Legal Entity Address: 6150 East Broad Street, EE320 City: Columbus State: OH Zip: 43213	Contact Title: Provider Relations Call Center Name: Provider Call Center Phone: 1-800-991-9907 Extension: Fax: 1-614-546-4269 Email: mdennis2@mchs.com Address: 6150 E. Broad St, EE320 City: Columbus State: OH Zip: 43213 Last Updated: 10/24/2007
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Contract Number: H3672
Legal Entity Name: HOMETOWN HEALTH PLAN
Organization Marketing Name: The Health Plan
Parent Organization: Health Plan of the Upper Ohio Valley

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 4,574 Legal Entity Address: 52160 National Road East City: St. Clairsville State: OH Zip: 43950	Contact Title: Director Member Services Name: Sherry Stanley Phone: 1-740-695-7682 Extension: Fax: 1-740-695-8103 Email: sstanley@healthplan.org Address: The Health Plan 52160 National Road East City: St. Clairsville State: OH Zip: 43950 Last Updated: 08/23/2006
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Contract Number: H3706
Legal Entity Name: TODAYS OPTIONS OF OKLAHOMA, INC.
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2004 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 5,988 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
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Contract Number: H3708
Legal Entity Name: SELECTCARE OF OKLAHOMA, INC.
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 136 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
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Contract Number: H3712
Legal Entity Name: PREFERRED MEDICAL PLAN, INC.
Organization Marketing Name: Preferred Medical Plan
Parent Organization: Preferred Medical 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: 582 Legal Entity Address: 4950 SW 8th St Suite 400 City: Coral Gables State: FL Zip: 33134	Contact Title: Vice President of Operations and Bus Dev Name: Marc S Ryan Phone: 1-305-648-4028 Extension: Fax: 1-305-445-8453 Email: mryan@pmpmo.com Address: 4950 SW 8th Street Suite 403 City: Coral Gables State: FL Zip: 33134 Last Updated: 04/11/2013
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Contract Number: H3749
Legal Entity Name: UNITEDHEALTHCARE OF OKLAHOMA, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1991 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 32,182 Legal Entity Address: 7666 E 61ST, #500 City: TULSA State: OK Zip: 74133	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/13/2011
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Contract Number: H3755
Legal Entity Name: COMMUNITY CARE HMO, INC
Organization Marketing Name: CommunityCare Senior Health Plan (HMO)
Parent Organization: CommunityCare Managed Healthcare Plans of OK, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1996 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 28,626 Legal Entity Address: 218 W. 6TH STREET City: TULSA State: OK Zip: 74119	Contact Title: Director, Member Services Name: Roxanne King Phone: 1-918-594-5295 Extension: 6801 Fax: 1-918-594-5260 Email: roxannek@ccok.com Address: 218 W 6th Street City: Tulsa State: OK Zip: 74119 Last Updated: 12/14/2010
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Contract Number: H3794
Legal Entity Name: CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY
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: Philadelphia Enrollment: 22 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
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Contract Number: H3805
Legal Entity Name: UNITEDHEALTHCARE OF OREGON, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1986 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 20,255 Legal Entity Address: 7525 S.E. 24TH STREET City: MERCER ISLAND State: WA Zip: 98040	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/13/2011
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Contract Number: H3809
Legal Entity Name: PROVIDENCE HEALTH & SERVICES - OREGON
Organization Marketing Name: Providence ElderPlace Portland
Parent Organization: Providence Health & Services

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 1,009 Legal Entity Address: 4531 SE Belmont Suite 100 City: PORTLAND State: OR Zip: 97215	Contact Title: Name: Rika Bering Phone: 1-503-215-6556 Extension: Fax: 1-503-215-0685 Email: rika.bering@providence.org Address: 4531 SE Belmont Suite 100 City: Portland State: OR Zip: 97215 Last Updated: 08/19/2008
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Contract Number: H3810
Legal Entity Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION
Organization Marketing Name: CareSource
Parent Organization: Mid Rogue 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: 4,119 Legal Entity Address: 740 SE 7th Street City: GRANTS PASS State: OR Zip: 97526	Contact Title: Director of Marketing Name: Freddy Sennhauser Phone: 1-888-460-0185 Extension: Fax: 1-541-471-1524 Email: freddy@mripa.org Address: 740 SE 7th Street City: Grants Pass State: OR Zip: 97526 Last Updated: 09/20/2007
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Contract Number: H3811
Legal Entity Name: SAMARITAN HEALTH PLANS, INC.
Organization Marketing Name: Samaritan Advantage Health Plan
Parent Organization: Samaritan Health Services

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 5,062 Legal Entity Address: 815 NW 9TH STREET, SUITE 103 3600 NW Samaritan Dr. City: CORVALLIS State: OR Zip: 97330	Contact Title: Manager of Sales and 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: 02/20/2014
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Contract Number: H3812
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 06/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 18,942 Legal Entity Address: 9900 BREN ROAD EAST MN008-T500 City: MINNETONKA State: OR Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3813
Legal Entity Name: MODA HEALTH PLAN, INC.
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: 9,727 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
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Contract Number: H3814
Legal Entity Name: ATRIO HEALTH PLANS
Organization Marketing Name: ATRIO Health Plans
Parent Organization: ATRIO Health Plans

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 1,867 Legal Entity Address: 2270 NW Aviation Drive City: ROSEBURG State: OR Zip: 97470	Contact Title: VP Clinical 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
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Contract Number: H3815
Legal Entity Name: CITIZENS CHOICE HEALTHPLAN
Organization Marketing Name: Citizens Choice Healthplan
Parent Organization: Honored Citizens Choice Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 13,302 Legal Entity Address: 17315 Studebaker Road Suite 200 City: Cerritos State: CA Zip: 90703	Contact Title: Chief Operations Officer Name: Elizabeth Tejada Phone: 1-562-207-4502 Extension: Fax: 1-323-728-8494 Email: etejada@mycchp.com Address: 17315 Studebaker Road Suite 200 City: Cerritos State: CA Zip: 90703 Last Updated: 09/08/2008
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Contract Number: H3817
Legal Entity Name: REGENCE BLUECROSS BLUESHIELD OF OREGON
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: 62,764 Legal Entity Address: P.O. Box 12625 201 High Street SE City: SALEM State: OR Zip: 97309	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 03/03/2011
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Contract Number: H3818
Legal Entity Name: FAMILYCARE HEALTH PLANS, INC.
Organization Marketing Name: FamilyCare Health Plans, Inc.
Parent Organization: FamilyCare Incorporated

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 2,463 Legal Entity Address: 825 NE MULTNOMAH, SUITE 300 City: PORTLAND State: OR Zip: 97232	Contact Title: Government Programs Manager Name: Johanna Watson Phone: 1-503-471-5145 Extension: Fax: 1-503-471-2195 Email: johannaw@familycareinc.org Address: 825 NE Multnomah, Suite 300 City: Portland State: OR Zip: 97232 Last Updated: 01/31/2014
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Contract Number: H3822
Legal Entity Name: HEALTH CARE SERVICE CORPORATION
Organization Marketing Name: Blue Cross Blue Shield of IL, 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: 9,504 Legal Entity Address: 300 E Randolph St City: Chicago State: IL Zip: 60601	Contact Title: Name: Customer Service Phone: 1-888-285-2249 Extension: Fax: Email: MedicareContractsOffice@bcbstx.com Address: P.O. Box 4109 City: Scranton State: PA Zip: 18505 Last Updated: 02/21/2012
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Contract Number: H3832
Legal Entity Name: HAWAII MEDICAL SERVICE ASSOCIATION
Organization Marketing Name: Akamai Advantage by HMSA
Parent Organization: Hawaii Medical Service Association

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 21,325 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 818 Keeaumoku St City: Honolulu State: HI Zip: 96814 Last Updated: 05/30/2013
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Contract Number: H3864
Legal Entity Name: PACIFICSOURCE COMMUNITY HEALTH PLANS, INC.
Organization Marketing Name: PacificSource Medicare
Parent Organization: PacificSource Health Plans

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1999 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 15,745 Legal Entity Address: 2965 NE Conners Ave. City: BEND State: OR Zip: 97701	Contact Title: Medicare Marketing Manager Name: Brad Westphal Phone: 1-541-385-5315 Extension: Fax: 1-541-385-3008 Email: bwestphal@pacificsource.com Address: 2965 NE Conners Ave. City: Bend State: OR Zip: 97701 Last Updated: 06/09/2011
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Contract Number: H3887
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 21,901 Legal Entity Address: 9900 Bren Road E MN008-T440 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3907
Legal Entity Name: UPMC HEALTH PLAN, INC.
Organization Marketing Name: UPMC Health Plan
Parent Organization: University of Pittsburgh Medical Center

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2001 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 95,612 Legal Entity Address: USX Tower, 55th Floor 600 Grant Street City: PITTSBURGH State: PA Zip: 15219	Contact Title: Name: Medicare Marketing Phone: 1-877-381-3765 Extension: Fax: Email: upmchp@upmc.edu Address: USX Tower, 9th Floor 600 Grant Street City: Pittsburgh State: PA Zip: 15219 Last Updated: 03/23/2012
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Contract Number: H3908
Legal Entity Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA
Organization Marketing Name: Trustees Of The University Of Pennsylvania
Parent Organization: Trustees of the University of Pennsylvania

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 01/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 405 Legal Entity Address: 4508 Chestnut Street City: PHILADELPHIA State: PA Zip: 19139	Contact Title: Chief Executive Officer Name: Dan Drake Phone: 1-215-898-4417 Extension: Fax: Email: dandrake@nursing.upenn.edu Address: 4508 Chestnut Street City: Philadelphia State: PA Zip: 19139 Last Updated: 04/30/2012
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Contract Number: H3909
Legal Entity Name: QCC INSURANCE COMPANY
Organization Marketing Name: Personal Choice 65 PPO
Parent Organization: Independence Blue Cross

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 7,134 Legal Entity Address: 1901 MARKET STREET 35TH FLOOR City: PHILADELPHIA State: PA Zip: 191031480	Contact Title: Name: Customer Service Phone: 1-877-393-6733 Extension: Fax: Email: info@ibxmedicare.com Address: PO Box 7799 City: Philadelphia State: PA Zip: 19101-7799 Last Updated: 02/20/2013
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Contract Number: H3912
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2002 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,948 Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3916
Legal Entity Name: HIGHMARK, INC.
Organization Marketing Name: Highmark Inc.
Parent Organization: Highmark 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: 215,346	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 Address: FIFTH AVENUE PLACE - SUITE P5501 120 FIFTH AVENUE City: PITTSBURGH State: PA Zip: 15222	

Contract Number: H3917
Legal Entity Name: PITTSBURGH CARE PARTNERSHIP, INC.
Organization Marketing Name: Community LIFE
Parent Organization: University of Pittsburgh Medical Center

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: 484	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 Address: 2400 ARDMORE BOULEVARD, SUITE 700 City: PITTSBURGH State: PA Zip: 15221	

Contract Number: H3918
Legal Entity Name: LIVING INDEPENDENCE FOR THE ELDERLY
Organization Marketing Name: LIFE Pittsburgh
Parent Organization: Living Independence for the Elderly

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 450	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 Address: 681 Andersen Drive Building 6, Floor 5 City: PITTSBURGH State: PA Zip: 15220	

Contract Number: H3919
Legal Entity Name: ST. AGNES CONTINUING CARE CENTER
Organization Marketing Name: Mercy LIFE
Parent Organization: St. Agnes Continuing Care Center

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 10/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 480	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 Address: 1930 South Broad Street City: PHILADELPHIA State: PA Zip: 19145	

Contract Number: H3921
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 5,590 Legal Entity Address: 9900 BREN ROAD EAST MN008-T440 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3923
Legal Entity Name: CAPITAL ADVANTAGE INSURANCE COMPANY
Organization Marketing Name: Capital Advantage Insurance Company
Parent Organization: Capital BlueCross

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 17,704 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
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Contract Number: H3924
Legal Entity Name: GEISINGER INDEMNITY INSURANCE COMPANY
Organization Marketing Name: Geisinger Gold
Parent Organization: Geisinger Health System

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 14,156 Legal Entity Address: 100 NORTH ACADEMY AVE. City: DANVILLE State: PA Zip: 178223220	Contact Title: Director of Customer Service Name: Renee Blasi Phone: 1-800-498-9731 Extension: 16159 Fax: 1-570-271-5970 Email: rmbiasi@thehealthplan.com Address: 100 North Academy Avenue City: Danville State: PA Zip: 17822-3229 Last Updated: 01/23/2013
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Contract Number: H3925
Legal Entity Name: PENNSYLVANIA PACE, INC.
Organization Marketing Name: Senior LIFE Johnstown
Parent Organization: Pennsylvania PACE, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2007 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 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
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Contract Number: H3928
Legal Entity Name: COVENTRY HEALTH CARE OF LOUISIANA, INC.
Organization Marketing Name: Coventry Health Care of Louisiana, Inc.
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: 228 Legal Entity Address: 3838 N. Causeway Blvd Suite 3350 City: Metairie State: LA Zip: 70002	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H3931
Legal Entity Name: AETNA HEALTH, INC, (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 11/01/1985 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 29,246 Legal Entity Address: 980 Jolly Road City: Blue Bell State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H3942
Legal Entity Name: ELDERHAUS INC.
Organization Marketing Name: Elderhaus PACE
Parent Organization: Elderhaus Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 124 Legal Entity Address: 2222 S. 17th St. City: Wilmington State: NC Zip: 28401	Contact Title: COO / PACE Program Director Name: Larry Reinhart Phone: 1-910-343-8209 Extension: Fax: 1-910-343-8836 Email: larry.reinhart@elderhaus.com Address: 2222 S. 17th St. City: Wilmington State: NC Zip: 28401 Last Updated: 03/06/2013
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Contract Number: H3945
Legal Entity Name: CIGNA HEALTH AND LIFE INSURANCE COMPANY
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: 934 Legal Entity Address: 900 Cottage Grove Rd City: Bloomfield State: CT Zip: 06002	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-800-668-3813 Extension: Fax: Email: Wendy.Wetzel@healthspring.com Address: PO Box 20002 City: Nashville State: TN Zip: 37207 Last Updated: 02/12/2013
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Contract Number: H3949
Legal Entity Name: BRAVO HEALTH PENNSYLVANIA, INC.
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: 71,159 Legal Entity Address: 1500 Spring Garden Street, Suite 800 City: PHILADELPHIA State: PA Zip: 19130	Contact Title: Business Communcation Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
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Contract Number: H3952
Legal Entity Name: KEYSTONE HEALTH PLAN EAST, INC.
Organization Marketing Name: Keystone 65 HMO
Parent Organization: Independence Blue Cross

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1993 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 84,966 Legal Entity Address: 1901 MARKET ST 45TH FLOOR City: PHILADELPHIA State: PA Zip: 19103	Contact Title: Name: Customer Service Phone: 1-877-393-6733 Extension: Fax: Email: info@ibxmedicare.com Address: PO Box 7799 City: Philadelphia State: PA Zip: 19101-7799 Last Updated: 02/21/2013
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Contract Number: H3954
Legal Entity Name: GEISINGER HEALTH PLAN
Organization Marketing Name: Geisinger Gold
Parent Organization: Geisinger Health System

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1994 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 53,757 Legal Entity Address: 100 NORTH ACADEMY AVENUE City: DANVILLE State: PA Zip: 178223220	Contact Title: Director of Customer Service Name: Renee Blasi Phone: 1-800-498-9731 Extension: 16159 Fax: 1-570-271-5970 Email: rmbiasi@thehealthplan.com Address: 100 North Academy Avenue City: Danville State: PA Zip: 17822-3229 Last Updated: 01/23/2013
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Contract Number: H3957
Legal Entity Name: KEYSTONE HEALTH PLAN WEST, INC.
Organization Marketing Name: Keystone Health Plan West, Inc.
Parent Organization: Highmark Health

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1995 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 114,916 Legal Entity Address: 120 5TH AVENUE SUITE 3152 City: PITTSBURGH State: PA Zip: 15223099	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
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Contract Number: H3959
Legal Entity Name: HEALTHAMERICA PENNSYLVANIA, INC.
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: 54,269 Legal Entity Address: 11 Stanwix Street City: Pittsburgh State: PA Zip: 15222	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H3962
Legal Entity Name: KEYSTONE HEALTH PLAN CENTRAL, INC.
Organization Marketing Name: Keystone Health Plan Central, Inc.
Parent Organization: Capital BlueCross

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1996 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 11,798 Legal Entity Address: P.O. Box 779827 City: HARRISBURG State: PA Zip: 17179827	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
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Contract Number: H3979
Legal Entity Name: GHS HEALTH MAINTENANCE ORGANIZATION, INC.
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: 471 Legal Entity Address: 1400 S Boston Ave City: Tulsa State: OK Zip: 74119	Contact Title: Name: Customer Service Phone: 1-888-285-2249 Extension: Fax: Email: MedicareContractsOffice@bcbstx.com Address: P.O. Box 4109 City: Scranton State: PA Zip: 18505 Last Updated: 02/13/2013
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Contract Number: H4000
Legal Entity Name: MEMORIAL HOSPITAL OF LARAMIE COUNTY
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: 43 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
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Contract Number: H4003 Legal Entity Name: MMM HEALTHCARE, INC. Organization Marketing Name: Medicare y Mucho MIs 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: 162,273 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 Avenida Chardón Torre Chardón, Suite 500 City: San Juan State: PR Zip: 00918-2137 Last Updated: 12/30/2013
Contract Number: H4004 Legal Entity Name: PREFERRED MEDICARE CHOICE, INC. Organization Marketing Name: Preferred Medicare Choice, Inc. 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: 35,413 Legal Entity Address: 350 Chardón Avenue Suite 500, Torre Chardón 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 Avenida Chardón Torre Chardón, Suite 500 City: San Juan State: PR Zip: 00918-2137 Last Updated: 12/30/2013
Contract Number: H4005 Legal Entity Name: TRIPLE-S SALUD, INC. Organization Marketing Name: Triple-S Salud, Inc. Parent Organization: Triple-S Management Corporation	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 23,752 Legal Entity Address: PO BOX 363628 City: SAN JUAN State: PR Zip: 009363628	Contact Title: Marketing Director Name: Eduardo Castañeda Phone: 1-787-620-1919 Extension: Fax: Email: eduardo.castaneda@ahmpr.com Address: PO Box 11320 City: San Juan State: PR Zip: 00922 Last Updated: 08/20/2013
Contract Number: H4006 Legal Entity Name: MCS ADVANTAGE, INC. Organization Marketing Name: MCS Classicare Parent Organization: Medical Card System, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 54,204 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: 05/14/2013

Contract Number: H4007
Legal Entity Name: HUMANA HEALTH PLANS OF PUERTO RICO, INC.
Organization Marketing Name: HUMANA HEALTH PLANS OF PUERTO RICO, INC.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 44,460 Legal Entity Address: 383 F.D. Roosevelt Avenue, 3rd Floor City: San Juan State: PR Zip: 00918	Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 05/06/2013
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Contract Number: H4011
Legal Entity Name: FIRST MEDICAL HEALTH PLAN, INC.
Organization Marketing Name: First Medical Health Plan, Inc.
Parent Organization: First Medical Health Plan, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 17,132 Legal Entity Address: PO BOX 195080 City: SAN JUAN State: PR Zip: 009195080	Contact Title: Compliance Director Name: Alejandra Echevarria Phone: 1-787-625-9557 Extension: Fax: Email: a.echevarria@firstpluspr.com Address: P.O. Box 195200 City: San Juan State: PR Zip: 00919 Last Updated: 05/18/2012
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Contract Number: H4012
Legal Entity Name: TRIPLE-S SALUD, INC.
Organization Marketing Name: Triple-S Salud, Inc.
Parent Organization: Triple-S Management Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 23,761 Legal Entity Address: PO BOX 363628 1441 AVE ROOSEVELT City: SAN JUAN State: PR Zip: 009363628	Contact Title: Marketing Director Name: Eduardo Castañeda Phone: 1-787-620-1919 Extension: Fax: Email: eduardo.castaneda@ahmpr.com Address: PO Box 11320 City: San Juan State: PR Zip: 00922 Last Updated: 08/20/2013
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Contract Number: H4036
Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 2,630 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
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Contract Number: H4074
Legal Entity Name: MERCY LIFE OF ALABAMA
Organization Marketing Name: Mercy LIFE of Alabama
Parent Organization: Mercy Medical

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 12/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 147 Legal Entity Address: 2900 Springhill Ave. City: Mobile State: AL Zip: 36607	Contact Title: CFO Name: Necie Borroni Phone: 1-251-621-4223 Extension: Fax: 1-251-626-0315 Email: sheilab@mercymedical.com Address: 101 Villa Drive PO Box 1090 City: Daphne State: AL Zip: 36526 Last Updated: 09/02/2011
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Contract Number: H4102
Legal Entity Name: UNITEDHEALTHCARE OF NEW ENGLAND, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1987 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 21,746 Legal Entity Address: 3803 N ELM ST City: GREENSBORO State: NC Zip: 27455	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H4105
Legal Entity Name: PACE ORGANIZATION OF RHODE ISLAND
Organization Marketing Name: Pace Organization Of Rhode Island
Parent Organization: PACE Organization of Rhode Island

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 12/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 250 Legal Entity Address: 225 CHAPMAN STREET City: PROVIDENCE State: RI Zip: 02905	Contact Title: CEO Name: Joan L Kwiatkowski Phone: 1-401-490-6566 Extension: Fax: 1-401-490-6537 Email: jkwiatkowski@carelink-ri.com Address: 225 Chapman Street, Box 7 City: Providence State: RI Zip: 02905 Last Updated: 04/16/2009
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Contract Number: H4118
Legal Entity Name: THE WASHTENAW PACE
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: * 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@hvppace.org Address: 2940 Ellsworth City: Ypsilanti State: MI Zip: 48197 Last Updated: 07/19/2013
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Contract Number: H4123
Legal Entity Name: MERCYCARE HMO, INC.
Organization Marketing Name: MercyCare Health Plans
Parent Organization: Mercy Alliance, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 575 Legal Entity Address: 580 N Washington St PO Box 550 City: Janesville State: WI Zip: 535472770	Contact Title: Director of Contracting Name: DuWayne Severson Phone: 1-608-741-5626 Extension: Fax: Email: dseverson@mhsjvl.org Address: 580 N Washington St PO Box 550 City: Janesville State: WI Zip: 53547-0550 Last Updated: 12/16/2013
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Contract Number: H4125
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
Organization Marketing Name: Cigna-HealthSpring
Parent Organization: CIGNA

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 1,091 Legal Entity Address: 2900 North Loop West Suite 1300 City: Houston State: TX Zip: 77092	Contact Title: Business Communcation Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
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Contract Number: H4141
Legal Entity Name: HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.
Organization Marketing Name: Humana Employers Health Plan of Georgia, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 33,085 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
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Contract Number: H4142
Legal Entity Name: CHEROKEE NATION COMPREHENSIVE CARE AGENCY
Organization Marketing Name: Cherokee Elder Care
Parent Organization: Cherokee Nation Comprehensive Care Agency

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 08/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 121 Legal Entity Address: 1387 W 4th St. City: Tahlequah State: OK Zip: 74464	Contact Title: Chief Financial Officer Name: Thelma Pittman Phone: 1-918-207-4936 Extension: Fax: 1-918-431-4112 Email: thelma-pittman@cherokee.org Address: 1387 W 4th St. City: Tahlequah State: OK Zip: 74464 Last Updated: 03/20/2012
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Contract Number: H4145
Legal Entity Name: HUMANA REGIONAL HEALTH PLAN, INC.
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: 493 Legal Entity Address: 300 Spring Building, Suite 900 300 S Spring Street City: Little Rock State: AR Zip: 72201	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
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Contract Number: H4152
Legal Entity Name: BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
Organization Marketing Name: Blue Cross & Blue Shield of Rhode Island
Parent Organization: Blue Cross & Blue Shield of Rhode Island

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 44,700 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.diiuro@bcbsri.org Address: 500 Exchange Street City: Providence State: RI Zip: 02903 Last Updated: 12/26/2013
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Contract Number: H4199
Legal Entity Name: FLORIDA HEALTHCARE PLUS, INC.
Organization Marketing Name: FLORIDA HEALTHCARE PLUS
Parent Organization: Florida Healthcare Plus, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 9,140 Legal Entity Address: 2100 Ponce De Leon Blvd PH1 City: Coral Gables State: FL Zip: 33134	Contact Title: Compliance Director Name: Michael Friel Phone: 1-305-888-2210 Extension: 1159 Fax: 1-305-443-6061 Email: mfriel@floridahealthcareplus.com Address: 2100 Ponce De Leon Blvd-PH1 City: Coral Gables State: FL Zip: 33134 Last Updated: 02/20/2014
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Contract Number: H4203
Legal Entity Name: PALMETTO HEALTH ALLIANCE
Organization Marketing Name: Palmetto SeniorCare
Parent Organization: Palmetto Health Alliance

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 275 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
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Contract Number: H4209
Legal Entity Name: BLUECROSS AND BLUESHIELD OF SOUTH CAROLINA
Organization Marketing Name: Blue Cross Blue Shield of South Carolina
Parent Organization: BlueCross BlueShield of South Carolina (BCBSSC)

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 12,114 Legal Entity Address: 2501 Faraway Drive City: COLUMBIA State: SC Zip: 29223	Contact Title: Name: Provider Services Phone: 1-800-334-2583 Extension: Fax: Email: Provider.Education@BCBSSC.com Address: I-20 at Alpine Road AX-624 City: Columbia State: SC Zip: 29219 Last Updated: 10/18/2011
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Contract Number: H4211
Legal Entity Name: AMGP GEORGIA MANAGED CARE COMPANY, INC.
Organization Marketing Name: Amerigroup
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 95 Legal Entity Address: 303 Perimeter Center North Suite 400 City: Atlanta State: GA Zip: 30346	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 02/05/2013
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Contract Number: H4213
Legal Entity Name: USABLE MUTUAL INSURANCE COMPANY
Organization Marketing Name: ARKANSAS BLUE CROSS AND BLUE SHIELD
Parent Organization: USABLE Mutual Insurance Company

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 18,510 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
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Contract Number: H4227
Legal Entity Name: VISTA HEALTH PLAN, INC.
Organization Marketing Name: Vista Health Plan, Inc.
Parent Organization: Independence Blue Cross

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2013 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 938 Legal Entity Address: 1901 Market St City: Philadelphia State: PA Zip: 19103	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: 07/01/2013
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Contract Number: H4235
Legal Entity Name: SENIOR TOTAL LIFE CARE, INC.
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: 17 Legal Entity Address: 1875 Remount Road City: Gastonia State: NC Zip: 28054	Contact Title: Executive Director Name: Rick Richards Phone: 1-704-874-0604 Extension: Fax: 1-704-874-3307 Email: rrichards@seniorTLC.org Address: 1875 Remount Rd City: Gastonia State: NC Zip: 28054 Last Updated: 10/03/2013
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Contract Number: H4268
Legal Entity Name: AMERICA'S 1ST CHOICE INSURANCE COMPANY OF NC, INC.
Organization Marketing Name: America's 1st Choice Insurance Company of NC
Parent Organization: America's 1st Choice Holdings of N.C., LLC

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 947 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
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Contract Number: H4270
Legal Entity Name: UCARE HEALTH, INC.
Organization Marketing Name: UCare
Parent Organization: UCare Minnesota

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 9,443 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
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Contract Number: H4279
Legal Entity Name: UPMC FOR YOU, INC
Organization Marketing Name: UPMC for You
Parent Organization: University of Pittsburgh Medical Center

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2012 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 17,243 Legal Entity Address: USX Tower, 55th Floor 600 Grant Street City: Pittsburgh State: PA Zip: 15219	Contact Title: Name: Medicare Marketing Phone: 1-877-381-3765 Extension: Fax: Email: upmchp@upmc.edu Address: USX Tower, 9th Floor 600 Grant Street City: Pittsburgh State: PA Zip: 15219 Last Updated: 03/23/2012
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Contract Number: H4305
Legal Entity Name: TOTAL LIFE HEALTHCARE
Organization Marketing Name: Total Life Healthcare
Parent Organization: St. Bernard's Healthcare

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 06/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 133 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
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Contract Number: H4326
Legal Entity Name: PACE @ HOME, INC.
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: 77 Legal Entity Address: 1915 Fairgrove Church Road SE City: Newton State: NC Zip: 28658	Contact Title: Program Director Name: Mel Causey Phone: 1-828-468-3980 Extension: Fax: 1-828-464-2845 Email: mcausey@pace-at-home.org Address: 1915 Fairgrove Church Rd. SE City: Newton State: NC Zip: 28658 Last Updated: 07/03/2013
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Contract Number: H4346
Legal Entity Name: CAREMORE HEALTH PLAN OF NEVADA
Organization Marketing Name: CareMore Health Plan of Nevada
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 5,592 Legal Entity Address: 12900 Park Plaza Drive, Suite 150 City: Cerritos State: CA Zip: 90703	Contact Title: Manager of Membership & Eligibility Dept. Name: Lisa Sarinana Phone: 1-562-622-2900 Extension: 4381 Fax: 1-562-741-4412 Email: Lisa.Sarinana@Caremore.com Address: 12900 Park Plaza Drive Suite 150 City: Cerritos State: CA Zip: 90703 Last Updated: 10/25/2010
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Contract Number: H4393
Legal Entity Name: CATHOLIC MANAGED LONG TERM CARE, INC.
Organization Marketing Name: ArchCare Senior Life
Parent Organization: Catholic Health Care System

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 09/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 276 Legal Entity Address: 1432 Fifth Avenue City: New York State: NY Zip: 10035	Contact Title: Compliance Specialist Name: Diana Estrella Phone: 1-646-289-7700 Extension: Fax: 1-646-289-7791 Email: destrella@archcare.org Address: 1432 Fifth Avenue City: New York State: NY Zip: 10035 Last Updated: 07/18/2013
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Contract Number: H4402
Legal Entity Name: ALEXIAN BROTHERS COMMUNITY SERVICES
Organization Marketing Name: Alexian Brothers Community Services
Parent Organization: Acension Health

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 279 Legal Entity Address: 425 CUMBERLAND STREET, Suite 110 Suite 110 City: CHATTANOOGA State: TN Zip: 37404	Contact Title: IT Name: Shannon Lane Phone: 1-423-698-0802 Extension: 212 Fax: 1-423-622-6048 Email: slane@alexianbrothers.net Address: 425 Cumberland Street Suite 110 City: Chattanooga State: TN Zip: 37404 Last Updated: 06/07/2011
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Contract Number: H4406
Legal Entity Name: UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 6,538 Legal Entity Address: 1300 RIVER DRIVE, SUITE 200 City: MOLINE State: IL Zip: 61265	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H4407
Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC.
Organization Marketing Name: 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: 8,386 Legal Entity Address: 530 Great Circle Road City: Nashville State: TN Zip: 37228	Contact Title: Business Communcation Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
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Contract Number: H4408
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 11,803 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	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
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Contract Number: H4454
Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC.
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: 90,437 Legal Entity Address: 530 Great Circle Road City: Nashville State: TN Zip: 37228	Contact Title: Business Communcation Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
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Contract Number: H4456
Legal Entity Name: UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1997 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 66,806 Legal Entity Address: 1300 River Drive, Suite 200 City: Moline State: IL Zip: 61265	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H4461
Legal Entity Name: CARITEN HEALTH PLAN INC.
Organization Marketing Name: Cariten Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1998 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 101,628 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 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 05/07/2013
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Contract Number: H4506
Legal Entity Name: SELECTCARE OF TEXAS, INC.
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/2001 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 56,593 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
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Contract Number: H4510
Legal Entity Name: HUMANA HEALTH PLAN OF TEXAS, INC.
Organization Marketing Name: HUMANA HEALTH PLAN OF TEXAS, INC.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1988 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 74,221 Legal Entity Address: 1221 S. Mo Pac Expy Suite 200 City: Austin State: TX Zip: 78746	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
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Contract Number: H4513
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
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: 77,141 Legal Entity Address: 2900 NORTH LOOP WEST Suite 1300 City: HOUSTON State: TX Zip: 77092	Contact Title: Business Communcation Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
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Contract Number: H4514
Legal Entity Name: UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, LLC
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2002 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 31,313 Legal Entity Address: 9900 BREN ROAD EAST MN 008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H4517
Legal Entity Name: AMARILLO MULTISVC CTR FR THE AGING INC
Organization Marketing Name: Amarillo Multisvc Ctr For The Aging Inc
Parent Organization: Amarillo Multisvc Ctr Fr the Aging Inc

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2004 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 138 Legal Entity Address: 3108 SOUTH FILLMORE STREET City: AMARILLO State: TX Zip: 79110	Contact Title: Name: Alana Chilcote Phone: 1-806-374-5516 Extension: Fax: 1-806-373-9446 Email: alana@janwerneradulthooddaycare.org Address: 3108 S Fillmore City: Amarillo State: TX Zip: 79110 Last Updated: 05/20/2008
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Contract Number: H4518
Legal Entity Name: BIENVIVIR SENIOR HEALTH SERVICES
Organization Marketing Name: Bienvivir Senior Health Services
Parent Organization: Bienvivir Senior Health Services

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 786 Legal Entity Address: 2300 McKinley City: EL PASO State: TX Zip: 79930	Contact Title: Senior VP of Finance Name: Joaquin Garcia Phone: 1-915-562-3444 Extension: 2360 Fax: Email: jgarcia@bienvivir.org Address: 2300 Mckinley City: El Paso State: TX Zip: 79930 Last Updated: 04/24/2012
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Contract Number: H4520
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 21,931 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	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
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Contract Number: H4522
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 23,860 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H4523
Legal Entity Name: AETNA HEALTH, INC. (TX)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 18,385 Legal Entity Address: 2777 Stemmons Freeway Suite 300 City: Dallas State: TX Zip: 753569440	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H4524
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 105,202 Legal Entity Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H4525
Legal Entity Name: SHA, L.L.C
Organization Marketing Name: FirstCare Advantage
Parent Organization: Covenant Health - 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: 3,172 Legal Entity Address: 12940 North Highway 183 City: Austin State: TX Zip: 78750	Contact Title: Customer Service Name: Customer Service Phone: 1-866-229-4969 Extension: Fax: 1-806-784-4190 Email: cms@firstcare.com Address: 1901 West Loop 289, Suite 9 City: Lubbock State: TX Zip: 79407 Last Updated: 05/26/2009
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Contract Number: H4527
Legal Entity Name: PHYSICIANS HEALTH CHOICE OF TEXAS LLC
Organization Marketing Name: PHYSICIANS HEALTH CHOICE
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 28,142 Legal Entity Address: 8637 FREDERICKSBURG ROAD, SUITE 360 City: SAN ANTONIO State: TX Zip: 78240	Contact Title: Name: Customer Service Phone: 1-866-550-4736 Extension: Fax: 1-866-331-4362 Email: fguzman@phyhc.com Address: 5800 Northwest Parkway Suite 125 City: San Antonio State: TX Zip: 78249 Last Updated: 07/06/2010
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Contract Number: H4528
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
Organization Marketing Name: 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: 16,103 Legal Entity Address: 2900 N Loop West Suite 1300 City: Houston State: TX Zip: 77092	Contact Title: Business Communcation Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
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Contract Number: H4556
Legal Entity Name: CONSOLIDATED ASSOC OF RAILROAD EMPLOYEES HC
Organization Marketing Name: Consolidated Assoc Of Railroad Employees Hc
Parent Organization: Consolidated Assoc of Railroad Employees HC

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 01/01/1992 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 3,370 Legal Entity Address: 4912 MIDWAY DR. P.O. BOX 6130 City: TEMPLE State: TX Zip: 76502	Contact Title: Medicare Coordinator Name: Kathy Hampton Phone: 1-254-773-1330 Extension: 268 Fax: 1-254-774-8029 Email: kathyh@care.vvm.com Address: P.O. Box 6130 City: Temple State: TX Zip: 76503-6130 Last Updated: 07/26/2010
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Contract Number: H4564
Legal Entity Name: SCOTT AND WHITE HEALTH PLAN
Organization Marketing Name: Scott and White Health Plan SeniorCare
Parent Organization: Scott and White Healthcare

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 04/01/1996 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 26,296 Legal Entity Address: 1206 West Campus Drive City: TEMPLE State: TX Zip: 76502	Contact Title: Call Center Name: Customer Service Phone: 1-866-344-3141 Extension: Fax: Email: blee@sw.org Address: 1206 West Campus Drive City: Temple State: TX Zip: 76502 Last Updated: 10/23/2012
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Contract Number: H4590
Legal Entity Name: UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 11/01/1987 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 185,280 Legal Entity Address: 8200 IH-10 SUITE 1000 City: SAN ANTONIO State: TX Zip: 78230	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/13/2011
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Contract Number: H4604
Legal Entity Name: UNITEDHEALTHCARE OF UTAH, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 37,602 Legal Entity Address: 2795 EAST COTTONWOOD PARKWAY #200 City: SALT LAKE CITY State: UT Zip: 84121	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H4605
Legal Entity Name: REGENCE BLUECROSS BLUESHIELD OF UTAH
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: 17,938 Legal Entity Address: P.O. Box 12625 201 High Street SE City: Salem State: OR Zip: 97309	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 03/03/2011
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Contract Number: H4606
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 3,081 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	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
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Contract Number: H4652
Legal Entity Name: UNION PACIFIC RAILROAD EMPLOYES HEALTH SYSTEMS
Organization Marketing Name: Union Pacific Railroad Employees Health Systems
Parent Organization: Union Pacific Railroad Employees Health Systems

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 12/01/1993 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 12,004 Legal Entity Address: 1040 N 2200 W Suite 200 City: Salt Lake City State: UT Zip: 84116	Contact Title: Manager of Customer Services Name: Deeann Benson Phone: 1-801-595-4309 Extension: Fax: 1-801-595-2009 Email: dbenson@uphealth.com Address: 1040 N 2200 W Suite 200 City: Salt Lake City State: UT Zip: 84116 Last Updated: 05/25/2011
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Contract Number: H4714
Legal Entity Name: PACE OF THE SOUTHERN PIEDMONT, INC.
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: 37 Legal Entity Address: 6133 The Plaza City: Charlotte State: NC Zip: 28215	Contact Title: Name: Jim Graham Phone: 1-704-887-3840 Extension: 3857 Fax: 1-704-887-3844 Email: james.graham@pacesp.com Address: 6133 The Plaza City: Charlotte State: NC Zip: 28215 Last Updated: 01/23/2013
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Contract Number: H4738
Legal Entity Name: AMERICA'S 1ST CHOICE HEALTH PLANS, INC.
Organization Marketing Name: America's 1st Choice Health Plans, Inc.
Parent Organization: America's 1st Choice Holdings of S.C., LLC

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 385 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
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Contract Number: H4754
Legal Entity Name: PACIFICSOURCE COMMUNITY HEALTH PLANS, INC.
Organization Marketing Name: PacificSource Medicare
Parent Organization: PacificSource Health Plans

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 22,093 Legal Entity Address: 2965 NE Conners Ave. City: Bend State: OR Zip: 97701	Contact Title: Medicare Marketing Manager Name: Brad Westphal Phone: 1-541-385-5315 Extension: Fax: 1-541-385-3008 Email: bwestphal@pacificsource.com Address: 2965 NE Conners Ave. City: Bend State: OR Zip: 97701 Last Updated: 06/09/2011
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Contract Number: H4837
Legal Entity Name: UNITEDHEALTHCARE OF WISCONSIN, INC.
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,528 Legal Entity Address: 10701 W. Research Drive P.O. Box 26649 City: Wauwatosa State: WI Zip: 53226	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 01/03/2011
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Contract Number: H4866
Legal Entity Name: CUATRO LLC
Organization Marketing Name: Access Medicare
Parent Organization: Cuatro LLC.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 3,280 Legal Entity Address: 93-20 Roosevelt Avenue Suite 3C City: Jackson Heights State: NY Zip: 11372	Contact Title: Manager, Enrollment Name: Shantel Valentin Phone: 1-646-216-3064 Extension: Fax: Email: svalentin@accessmedicareny.com Address: 5030 Broadway Suite 664 City: New York State: NY Zip: 10034 Last Updated: 09/17/2013
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Contract Number: H4871
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
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: 53 Legal Entity Address: 2900 North Loop West Suite 1300 City: Houston State: TX Zip: 77092	Contact Title: Business Communcation Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
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Contract Number: H4875
Legal Entity Name: PRIORITY HEALTH
Organization Marketing Name: Priority Health Medicare
Parent Organization: Spectrum Health System

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 9,370 Legal Entity Address: 1231 E. Beltline Ave. NE City: Grand Rapids State: MI Zip: 49525	Contact Title: Name: Customer Service Phone: 1-888-389-6648 Extension: Fax: Email: CSEmail-Incoming@priorityhealth.com Address: 1231 East Beltline Ave NE City: Grand Rapids State: MI Zip: 49525 Last Updated: 12/03/2008
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Contract Number: H4876
Legal Entity Name: CONSTELLATION HEALTH, LLC.
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: * Legal Entity Address: Calle A #D-25 Urb. Paseo Real City: San Juan State: PR Zip: 00926	Contact Title: Compliance Officer Name: Aleshka Burgos-Colon Phone: 1-787-379-7447 Extension: Fax: Email: aburgos@constellationhealth.com Address: PO Box 360493 City: San Juan State: PR Zip: 00936 Last Updated: 03/01/2014
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Contract Number: H4906
Legal Entity Name: C AND O EMPLOYEES' HOSPITAL ASSOCIATION
Organization Marketing Name: C and O Employees' Hospital Association
Parent Organization: C & O Employees' Hospital Association

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 05/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 2,430 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
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Contract Number: H4909
Legal Entity Name: ANTHEM HEALTH PLANS OF VIRGINIA, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 2,660 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
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Contract Number: H4910
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 1,487 Legal Entity Address: 980 Jolly Road City: BLUE BELL State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H4956
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 10,284 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	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
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Contract Number: H4999
Legal Entity Name: THE LUTHERAN HOME FOR THE AGED
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: 61 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
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Contract Number: H5005
Legal Entity Name: UNITEDHEALTHCARE OF WASHINGTON, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1987 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 72,701 Legal Entity Address: 7525 S.E. 24TH STREET City: MERCER ISLAND State: WA Zip: 98040	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/14/2011
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Contract Number: H5007
Legal Entity Name: PROVIDENCE HEALTH SYSTEM
Organization Marketing Name: Providence Health System
Parent Organization: Providence Health & Services

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 471 Legal Entity Address: 4515 MARTIN LUTHER KING JR.WAY SOUTH STE 1 City: SEATTLE State: WA Zip: 98108	Contact Title: Health Plan Operations Manager Name: Charlie Givan Phone: 1-206-320-5325 Extension: Fax: 1-206-760-6339 Email: charles.givan@providence.org Address: 4515 Martin Luther King Jr. Way S. Ste. 100 City: Seattle State: WA Zip: 98108 Last Updated: 12/30/2013
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Contract Number: H5008
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 6,206 Legal Entity Address: 9900 BREN ROAD EAST City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5009
Legal Entity Name: REGENCE BLUESHIELD
Organization Marketing Name: Regence BlueShield
Parent Organization: Cambia Health Solutions, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 27,741 Legal Entity Address: P. O. Box 12625 201 High Street SE City: Salem State: OR Zip: 97309	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 03/03/2011
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Contract Number: H5010
Legal Entity Name: ASURIS NORTHWEST HEALTH
Organization Marketing Name: Asuris Northwest Health
Parent Organization: Cambia Health Solutions, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 1,224 Legal Entity Address: P.O. Box 12625 201 High Street SE City: Salem State: OR Zip: 97309	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 03/03/2011
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Contract Number: H5037
Legal Entity Name: MOUNTAIN EMPIRE OLDER CITIZENS, INC.
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: 97 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
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Contract Number: H5041
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 16,087 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	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
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Contract Number: H5042
Legal Entity Name: CDPHP UNIVERSAL BENEFITS, INC.
Organization Marketing Name: CDPHP Medicare Choices
Parent Organization: Capital District Physicians' Health Plan, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 6,758 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
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Contract Number: H5048
Legal Entity Name: COVENTRY HEALTH CARE OF TEXAS, INC.
Organization Marketing Name: Coventry Health Care of Texas, Inc.
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: 1,106 Legal Entity Address: 3900 Rogers Rd City: San Antonio State: TX Zip: 78251	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H5050
Legal Entity Name: GROUP HEALTH COOPERATIVE
Organization Marketing Name: Group Health Cooperative
Parent Organization: Group Health Cooperative

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1989 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 81,438 Legal Entity Address: 320 Westlake Avenue North, Suite 100 Attn: Medicare Programs & Compliance City: SEATTLE State: WA Zip: 981095233	Contact Title: Health Plan Operations Name: Provider Assistance Unit Phone: 1-888-767-4670 Extension: Fax: 1-509-249-7615 Email: mccauley.t@ghc.org Address: Group Health Cooperative, Provider Assistance Unit PO Box 34585 City: Seattle State: WA Zip: 98124-1585 Last Updated: 06/02/2008
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Contract Number: H5087
Legal Entity Name: EASY CHOICE HEALTH PLAN INC.
Organization Marketing Name: Easy Choice Health Plan
Parent Organization: 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: 60,098 Legal Entity Address: 180 E. Ocean Blvd Suite 700 City: Long Beach State: CA Zip: 90802	Contact Title: Membership Operations Department Name: Customer Service Phone: 1-866-999-3945 Extension: Fax: 1-877-999-3945 Email: info@easychoicehp.com Address: 180 E. Ocean Blvd. Suite 700 City: Long Beach State: CA Zip: 90802 Last Updated: 06/24/2010
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Contract Number: H5106
Legal Entity Name: HM HEALTH INSURANCE COMPANY
Organization Marketing Name: Highmark Health Insurance Company
Parent Organization: Highmark Health

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 10,959 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
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Contract Number: H5141
Legal Entity Name: CAREPOINT INSURANCE COMPANY
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: 2,188	Contact Title: Chief Operating Officer Name: David T Gutwald Phone: 1-201-432-2133 Extension: Fax: 1-201-255-4173 Email: dgutwald@carepoint.org Address: Harborside Financial Center Plaza Five Suite 1510 City: Jersey City State: NJ Zip: 07311 Last Updated: 01/21/2014
Legal Entity Address: Harborside Financial Center 1510 Plaza Five City: Jersey City State: NJ Zip: 073114014	

Contract Number: H5151
Legal Entity Name: HEALTH PLAN OF THE UPPER OHIO VALLEY
Organization Marketing Name: The Health Plan
Parent Organization: Health Plan of the Upper Ohio Valley

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 7,931	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 Address: 52160 NATIONAL ROAD EAST City: ST. CLAIRSVILLE State: OH Zip: 43950	

Contract Number: H5167
Legal Entity Name: ROCKY MOUNTAIN HEALTH CARE SERVICES
Organization Marketing Name: Rocky Mountain PACE
Parent Organization: Rocky Mountain Health Care Services

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 12/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 177	Contact Title: PACE Site Director Name: Kris Abbott Phone: 1-719-314-2327 Extension: 335 Fax: 1-719-457-0766 Email: kabbott@rmhcare.org Address: 2335 Robinson Street City: Colorado Springs State: CO Zip: 80904 Last Updated: 10/30/2010
Legal Entity Address: 2335 Robinson Street City: Colorado Springs State: CO Zip: 80904	

Contract Number: H5172
Legal Entity Name: COMMUNITY HEALTH GROUP
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: *	Contact Title: Chief of Reg. & Legal Affairs/Compliance Officer Name: Ann Warren Phone: 1-619-498-6516 Extension: Fax: 1-619-422-5930 Email: aware@chgsd.com Address: 2420 Fenton Street Suite 100 City: Chula Vista State: CA Zip: 91914 Last Updated: 09/20/2013
Legal Entity Address: 2420 FENTON STREET, SUITE 100 City: CHULA VISTA State: CA Zip: 91914	

Contract Number: H5190
Legal Entity Name: SUNSHINE STATE HEALTH PLAN, INC.
Organization Marketing Name: Advantage by 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: 118 Legal Entity Address: 1301 International Pkwy Suite 400 City: Sunrise State: FL Zip: 33323	Contact Title: Director of Compliance Name: Michelle Jones Phone: 1-512-416-3720 Extension: 22220 Fax: Email: mijones@centene.com Address: 2100 South IH - 35 Suite 200 City: Austin State: TX Zip: 78704 Last Updated: 12/31/2013
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Contract Number: H5207
Legal Entity Name: COMMUNITY CARE HEALTH PLAN, INC.
Organization Marketing Name: Community Care
Parent Organization: Community Care, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 284 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
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Contract Number: H5209
Legal Entity Name: CARE WISCONSIN HEALTH PLAN, INC.
Organization Marketing Name: Care Wisconsin Health Plan, Inc.
Parent Organization: Care Wisconsin First, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 964 Legal Entity Address: 2802 INTERNATIONAL LANE PO BOX 14017 City: MADISON State: WI Zip: 537080017	Contact Title: Name: Customer Service Phone: 1-800-963-0035 Extension: Fax: Email: webmaster@carewisc.org Address: 2802 International Lane P.O. Box 14017 City: Madison State: WI Zip: 53708-0017 Last Updated: 04/30/2009
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Contract Number: H5211
Legal Entity Name: SECURITY HEALTH PLAN OF WISCONSIN, INC.
Organization Marketing Name: Security Health Plan of Wisconsin, Inc.
Parent Organization: Marshfield Clinic.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 42,911 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
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Contract Number: H5212
Legal Entity Name: COMMUNITY CARE, INC.
Organization Marketing Name: Community Care
Parent Organization: Community Care, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 658 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
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Contract Number: H5213
Legal Entity Name: TOTAL COMMUNITY CARE, L.L.C.
Organization Marketing Name: Total Community Care
Parent Organization: Total Community Options, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 06/01/2004 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 377 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
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Contract Number: H5214
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 32,966 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	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
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Contract Number: H5215
Legal Entity Name: NETWORK HEALTH INSURANCE CORPORATION
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: 55,618 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: jskinner@networkhealth.com Address: 1570 Midway Place P.O. Box 120 City: Menasha State: WI Zip: 54952 Last Updated: 12/14/2012
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Contract Number: H5216
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 29,522 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	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
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Contract Number: H5253
Legal Entity Name: UNITEDHEALTHCARE OF WISCONSIN, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1995 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 95,471 Legal Entity Address: 10701 W. RESEARCH DRIVE P.O. BOX 26649 City: MILWAUKEE State: WI Zip: 532260649	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5256
Legal Entity Name: MEDICAL ASSOCIATES CLINIC HEALTH PLAN
Organization Marketing Name: Medical Associates Clinic Health Plan of Wisconsin
Parent Organization: Medical Associates Clinic, P.C.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 02/01/1996 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Kansas City Enrollment: 3,011 Legal Entity Address: 1605 ASSOCIATES DRIVE, Suite 101 City: DUBUQUE State: IA Zip: 52002	Contact Title: Marketing Specialist Name: Julie Hoffmann Phone: 1-563-556-8070 Extension: Fax: 1-563-556-5134 Email: jhoffmann@mahealthcare.com Address: 1605 Associates Drive City: Dubuque State: IA Zip: 52002 Last Updated: 06/24/2010
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Contract Number: H5262
Legal Entity Name: GUNDERSEN HEALTH PLAN
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: 14,130 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
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Contract Number: H5264
Legal Entity Name: DEAN HEALTH PLAN, INC.
Organization Marketing Name: Dean Health Plan, Inc.
Parent Organization: Dean Health Systems Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1999 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 22,436 Legal Entity Address: 1277 DEMING WAY City: MADISON State: WI Zip: 53717	Contact Title: Vice President of Sales and Marketing Name: Edward Pattarozzi Phone: 1-608-827-4219 Extension: Fax: Email: edward.pattarozzi@deancare.com Address: 1277 Deming Way City: Madison State: WI Zip: 53717 Last Updated: 11/03/2011
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Contract Number: H5280
Legal Entity Name: MOLINA HEALTHCARE OF OHIO, INC.
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: * 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 Extension: Fax: Email: Tom.Standring@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/05/2013
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Contract Number: H5291
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 15,215 Legal Entity Address: 321 West Main Street, 12th Floor 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
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Contract Number: H5294
Legal Entity Name: SUPERIOR HEALTH PLAN, INC.
Organization Marketing Name: Advantage by Superior HealthPlan
Parent Organization: Centene Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 2,604 Legal Entity Address: The Regency Building, Suite 200 2100 South IH-35 City: Austin State: TX Zip: 78704	Contact Title: Director of Compliance Name: Michelle Jones Phone: 1-512-416-3720 Extension: 22220 Fax: Email: mijones@centene.com Address: 2100 South IH - 35 Suite 200 City: Austin State: TX Zip: 78704 Last Updated: 12/30/2013
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Contract Number: H5302
Legal Entity Name: COVENTRY HEALTH CARE OF GEORGIA, INC.
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: 1,054 Legal Entity Address: 1100 Circle 75 Parkway, Suite 1400 City: Atlanta State: GA Zip: 30339	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H5322
Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
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: Philadelphia Enrollment: 1,519 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
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Contract Number: H5355
Legal Entity Name: IEHP HEALTH ACCESS
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: * 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
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Contract Number: H5378
Legal Entity Name: THE PYRAMID LIFE INSURANCE COMPANY
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 2,145 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
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Contract Number: H5403
Legal Entity Name: ON LOK SENIOR HEALTH SERVICES
Organization Marketing Name: On Lok Lifeways
Parent Organization: On Lok, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 1,185 Legal Entity Address: 1333 BUSH STREET City: SAN FRANCISCO State: CA Zip: 94109	Contact Title: Health Plan Associate Name: Edward Chung Phone: 1-415-292-8692 Extension: Fax: 1-415-292-8745 Email: echung@onlok.org Address: 1333 Bush Street City: San Francisco State: CA Zip: 94109 Last Updated: 08/31/2010
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Contract Number: H5405
Legal Entity Name: CENTER FOR ELDERS INDEPENDENCE
Organization Marketing Name: Center For Elders' Independence
Parent Organization: Center For Elders Independence

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 525 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
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Contract Number: H5406
Legal Entity Name: SUTTER HEALTH SACRAMENTO SIERRA REGION
Organization Marketing Name: Sutter SeniorCare PACE
Parent Organization: Sutter Health Sacramento Sierra Region

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 242 Legal Entity Address: 7000 Franklin Blvd., Suite 1020 City: Sacramento State: CA Zip: 95823	Contact Title: Regional VP & CMO, SSR Name: John Mesic Phone: 1-916-454-6562 Extension: Fax: Email: mesicj@sutterhealth.org Address: 2800 L Street, 7th Fl. City: Sacramento State: CA Zip: 95818 Last Updated: 08/15/2013
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Contract Number: H5410
Legal Entity Name: HEALTHSPRING OF FLORIDA
Organization Marketing Name: Cigna-HealthSpring
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: 45,528 Legal Entity Address: 11401 SW 40 Street, Suite 400 City: MIAMI State: FL Zip: 33165	Contact Title: Business Communication Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
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Contract Number: H5414
Legal Entity Name: AETNA HEALTH, INC. (FL)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 13,777 Legal Entity Address: 4630 Woodlands Corporate Blvd. City: Tampa State: FL Zip: 33614	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/24/2006
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Contract Number: H5415
Legal Entity Name: HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.
Organization Marketing Name: Humana Health Insurance Company of FL, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 13,338 Legal Entity Address: 3501 SW 160th Avenue City: Miramar State: FL Zip: 33027	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
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Contract Number: H5416
Legal Entity Name: ARCADIAN HEALTH PLAN, INC.
Organization Marketing Name: Arcadian Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 2,594 Legal Entity Address: c/o Corporation Service Company 300 Deschutes Way SW, 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
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Contract Number: H5417
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,451 Legal Entity Address: 4350 WEST CYPRESS STREET SUITE 1000 City: TAMPA State: FL Zip: 33607	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5420
Legal Entity Name: MEDICA HEALTHCARE PLANS, INC.
Organization Marketing Name: Medica HealthCare Plans, Inc.
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 32,324 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: 1-305-670-8440 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: 12/31/2013
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Contract Number: H5422
Legal Entity Name: BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA
Organization Marketing Name: Blue Cross Blue Shield Healthcare Plan of Georgia
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,605 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
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Contract Number: H5424
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 06/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 13,717 Legal Entity Address: 9900 Bren Road E City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5425
Legal Entity Name: SCAN HEALTH PLAN
Organization Marketing Name: SCAN Health Plan
Parent Organization: SCAN Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 143,161 Legal Entity Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806	Contact Title: Manager, Member Services Operations Name: Kim McBeath Phone: 1-800-559-3500 Extension: Fax: 1-562-989-5181 Email: MemberServices@scanhealthplan.com Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806 Last Updated: 09/30/2011
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Contract Number: H5427
Legal Entity Name: FREEDOM HEALTH PLAN, INC.
Organization Marketing Name: Freedom Health, Inc.
Parent Organization: America's 1st Choice Holdings of Florida, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 47,898 Legal Entity Address: 5403 N Church Avenue City: Tampa State: FL Zip: 33614	Contact Title: Sr. VP Operations Name: Chris O'Connor Phone: 1-800-401-2740 Extension: Fax: Email: ops@americas1stchoice.com Address: 3707 W. Cherry Street City: Tampa State: FL Zip: 33607 Last Updated: 10/23/2012
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Contract Number: H5428
Legal Entity Name: SAN MATEO HEALTH COMMISSION
Organization Marketing Name: Health Plan of San Mateo
Parent Organization: Health Plan of San Mateo

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 8,822 Legal Entity Address: 701 GATEWAY BLVD., SUITE 400 City: SOUTH SAN FRANCISCO State: CA Zip: 94080	Contact Title: Name: CareAdvntg Unit Phone: 1-866-880-0606 Extension: Fax: Email: careadvantage@hpsm.org Address: 701 Gateway Blvd., Suite 400 City: South San Francisco State: CA Zip: 94080 Last Updated: 08/18/2006
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Contract Number: H5430
Legal Entity Name: ONECARE BY CARE1ST HEALTH PLAN ARIZONA INC.
Organization Marketing Name: ONECare by Care1st Health Plan Arizona, Inc.
Parent Organization: Care1st Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,010 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
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Contract Number: H5431
Legal Entity Name: HEALTHSUN HEALTH PLANS, INC.
Organization Marketing Name: HealthSun Health Plans, Inc.
Parent Organization: HealthSun Health Plans, Inc

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 23,441 Legal Entity Address: 3250 Mary Street, Suite 400 City: Coconut Grove State: FL Zip: 33133	Contact Title: Vice President 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: 03/06/2014
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Contract Number: H5433
Legal Entity Name: ORANGE COUNTY HEALTH AUTHORITY
Organization Marketing Name: OneCare
Parent Organization: Orange County Health Authority

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 16,064 Legal Entity Address: 505 City Parkway West City: Orange State: CA Zip: 92868	Contact Title: Name: Customer Service Phone: 1-877-412-2734 Extension: Fax: Email: semerzian@caloptima.org Address: 505 City Parkway West City: Orange State: CA Zip: 92868 Last Updated: 02/17/2012
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Contract Number: H5434
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
Organization Marketing Name: Florida Blue
Parent Organization: Blue Cross and Blue Shield of Florida

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 5,938 Legal Entity Address: 4800 DEERWOOD CAMPUS PARKWAY City: JACKSONVILLE State: FL Zip: 32246	Contact Title: Sr Dir Gov Programs & Medicare Compliance Official Name: Brendan Hodges Phone: 1-800-810-2583 Extension: Fax: Email: Brendan.Hodges@floridablue.com Address: 4800 Deerwood Campus Pkwy DCC Building 100, 7th Floor City: Jacksonville State: FL Zip: 32246 Last Updated: 04/04/2013
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Contract Number: H5435
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 58,884 Legal Entity Address: 9900 Bren Road East MN008-T615 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5439
Legal Entity Name: HEALTH NET LIFE INSURANCE COMPANY
Organization Marketing Name: Health Net Life Insurance Company
Parent Organization: Health Net, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 4,222 Legal Entity Address: 21281 BURBANK BLVD. Building B City: WOODLAND HILLS State: CA Zip: 91367	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-800-275-4737 Extension: Fax: Email: member_services@healthnet.com Address: P.O. Box 10198 City: Van Nuys State: CA Zip: 91410-0198 Last Updated: 08/21/2006
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Contract Number: H5471
Legal Entity Name: SIMPLY HEALTHCARE PLANS, INC.
Organization Marketing Name: Simply Healthcare Plans, Inc.
Parent Organization: Simply Healthcare Holdings, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 25,840 Legal Entity Address: 1701 Ponce de Leon Blvd. Suite 300 City: Coral Gables State: FL Zip: 33134	Contact Title: Director IT Name: Alex McNab Phone: 1-305-408-5700 Extension: 5728 Fax: 1-305-408-5858 Email: amcnab@simplyhealthcareplans.com Address: 1701 Ponce de Leon Blvd Suite 300 City: Coral Gables State: FL Zip: 33134 Last Updated: 02/23/2011
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Contract Number: H5475
Legal Entity Name: MERIDIAN HEALTH PLAN OF MICHIGAN, INC.
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: 1,124 Legal Entity Address: 777 Woodward Avenue Suite 600 City: Detroit State: MI Zip: 48226	Contact Title: Manager of Medicare Marketing Name: Katie Benedict Phone: 1-312-980-0434 Extension: Fax: 1-312-980-0435 Email: Katie.Benedict@mhplan.com Address: 333 South Wabash Avenue Suite 2900 City: Chicago State: IL Zip: 60604 Last Updated: 02/19/2014
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Contract Number: H5493
Legal Entity Name: LIFE AT ST. FRANCIS HEALTHCARE, INC.
Organization Marketing Name: St. Francis LIFE
Parent Organization: Catholic Health East

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: 61 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
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Contract Number: H5507
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 6,086 Legal Entity Address: 9900 bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5508
Legal Entity Name: ADVANTAGE HEALTH SOLUTIONS, INC.
Organization Marketing Name: ADVANTAGE Health Solutions, Inc.
Parent Organization: Advantage Health Solutions

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 17,232 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
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Contract Number: H5509
Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY
Organization Marketing Name: COVENTRY HEALTH CARE
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: 41,405 Legal Entity Address: 6705 Rockledge Dr. Suite 900 City: Bethesda State: MD Zip: 20817	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H5516
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 12,711 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5520
Legal Entity Name: HEALTH NET LIFE INSURANCE COMPANY
Organization Marketing Name: Health Net Life Insurance Company
Parent Organization: Health Net, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 42,814 Legal Entity Address: 13221 SW 68th Parkway, Ste. 200 City: Tigard State: OR Zip: 97223	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-888-445-8913 Extension: Fax: Email: notavailable@healthnet.com Address: 13221 SW 68th Parkway City: Tigard State: OR Zip: 97223-8328 Last Updated: 08/21/2006
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Contract Number: H5521
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 363,929 Legal Entity Address: 980 Jolly Road City: Blue Bell State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/24/2006
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Contract Number: H5522
Legal Entity Name: HEALTHASSURANCE PENNSYLVANIA, INC.
Organization Marketing Name: HealthAmerica
Parent Organization: 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: 55,685 Legal Entity Address: 11 Stanwix Street City: Pittsburgh State: PA Zip: 15222	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H5525
Legal Entity Name: HUMANA BENEFIT PLAN OF ILLINOIS, INC.
Organization Marketing Name: Humana Benefit Plan of Illinois, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 20,235 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
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Contract Number: H5526
Legal Entity Name: HEALTHNOW NEW YORK INC.
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: 19,586 Legal Entity Address: 257 West Genesee Street City: Buffalo State: NY Zip: 14202	Contact Title: Name: Customer Service Phone: 1-877-327-1395 Extension: Fax: Email: seniorblue@bcbswny.com Address: PO Box 13599 City: Albany State: NY Zip: 12212 Last Updated: 06/06/2011
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Contract Number: H5528
Legal Entity Name: GROUP HEALTH INCORPORATED
Organization Marketing Name: EmblemHealth Medicare PPO
Parent Organization: EmblemHealth, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 25,903 Legal Entity Address: 80 Wolf Road 6th Floor City: Albany State: NY Zip: 12205	Contact Title: Sr. Director Customer Service Name: Charles Mellia Phone: 1-800-447-8255 Extension: Fax: 1-646-447-3071 Email: CMellia@EmblemHealth.com Address: 55 Water Street City: New York State: NY Zip: 10041 Last Updated: 04/29/2011
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Contract Number: H5529
Legal Entity Name: COMMUNITY INSURANCE COMPANY
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 21,434 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
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Contract Number: H5530
Legal Entity Name: ANTHEM HEALTH PLANS OF KENTUCKY, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 5,880 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
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Contract Number: H5532
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 13,820 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5533
Legal Entity Name: UPMC HEALTH NETWORK, INC.
Organization Marketing Name: UPMC Health Plan
Parent Organization: University of Pittsburgh Medical Center

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 10,977 Legal Entity Address: USX Tower, 55th Floor 600 Grant Street City: Pittsburgh State: PA Zip: 15219	Contact Title: Name: Medicare Marketing Phone: 1-877-381-3765 Extension: Fax: Email: upmchp@upmc.edu Address: USX Tower, 9th Floor 600 Grant Street City: Pittsburgh State: PA Zip: 15219 Last Updated: 03/23/2012
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Contract Number: H5549
Legal Entity Name: VNS CHOICE
Organization Marketing Name: VNSNY CHOICE Medicare
Parent Organization: Visiting Nurse Service of New York

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 16,140 Legal Entity Address: 107 E 70th Street City: New York State: NY Zip: 10021	Contact Title: Compliance and Communications Specialist Name: Sandra Osse Phone: 1-866-783-1444 Extension: Fax: Email: sandra.osse@vnsny.org Address: 1250 Broadway 3rd Floor City: New York State: NY Zip: 10001 Last Updated: 12/13/2013
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Contract Number: H5576
Legal Entity Name: VANTAGE HEALTH PLAN, INC.
Organization Marketing Name: Vantage Health Plan, Inc.
Parent Organization: Vantage Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 10,046 Legal Entity Address: 130 DeSiard St Suite 300 City: Monroe State: LA Zip: 71201	Contact Title: Medicare Compliance Officer Name: Sally L Knight Phone: 1-318-361-0900 Extension: 1142 Fax: 1-318-361-2184 Email: sknight@vhpla.com Address: 130 DeSiard St Suite 300 City: Monroe State: LA Zip: 71201 Last Updated: 04/20/2011
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Contract Number: H5577
Legal Entity Name: MCS ADVANTAGE, INC.
Organization Marketing Name: MCS Classicare
Parent Organization: Medical Card System, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 107,286 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: 05/14/2013
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Contract Number: H5580
Legal Entity Name: SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION
Organization Marketing Name: Mercy Care Advantage
Parent Organization: Southwest Catholic Health Network

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 18,868 Legal Entity Address: 4350 E Cotton Center Boulevard Bldg D City: Phoenix State: AZ Zip: 85040	Contact Title: Director, Customer and Enrollment Services Name: Cathy Waldbillig Phone: 1-602-263-3000 Extension: Fax: Email: azcustsvce@schalleranderson.com Address: 4350 E Cotton Center Boulevard Bldg D City: Phoenix State: AZ Zip: 85040 Last Updated: 04/18/2012
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Contract Number: H5587
Legal Entity Name: HEALTH CHOICE ARIZONA, INC.
Organization Marketing Name: Health Choice Generations HMO SNP
Parent Organization: IASIS Healthcare

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 6,811 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
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Contract Number: H5590
Legal Entity Name: BRIDGEWAY HEALTH SOLUTIONS
Organization Marketing Name: Advantage by Bridgeway Health Solutions HMO SNP
Parent Organization: Centene Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 1,351 Legal Entity Address: 1501 West Fountainhead Parkway, #295 City: Tempe State: AZ Zip: 85282	Contact Title: Director of Compliance Name: Michelle Jones Phone: 1-512-416-3720 Extension: 22220 Fax: Email: mjones@centene.com Address: 2100 South IH - 35 Suite 200 City: Austin State: TX Zip: 78704 Last Updated: 12/31/2013
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Contract Number: H5591
Legal Entity Name: MARTIN'S POINT GENERATIONS, LLC
Organization Marketing Name: Martin's Point Generations Advantage
Parent Organization: Martin's Point Health Care, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 26,588 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
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Contract Number: H5594
Legal Entity Name: OPTIMUM HEALTHCARE, INC.
Organization Marketing Name: Optimum HealthCare, Inc.
Parent Organization: America's 1st Choice Holdings of Florida, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 39,029 Legal Entity Address: 5403 N. Church Ave City: Tampa State: FL Zip: 33614	Contact Title: Sr. VP Operations Name: Chris O'Connor Phone: 1-800-401-2740 Extension: Fax: Email: ops@americas1stchoice.com Address: 3707 W. Cherry Street City: Tampa State: FL Zip: 33607 Last Updated: 10/23/2012
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Contract Number: H5608
Legal Entity Name: DENVER HEALTH MEDICAL PLAN, INC.
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: 4,023 Legal Entity Address: 777 Bannock Street Mail Code 6000 City: Denver State: CO Zip: 80204	Contact Title: Call Center Manager Name: Theresa Sager-Foster Phone: 1-303-602-2111 Extension: Fax: 1-303-602-2138 Email: Theresa.Sager-Foster@dhha.org Address: 777 Bannock Street Mail Code 6000 City: Denver State: CO Zip: 80204 Last Updated: 12/17/2012
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Contract Number: H5609
Legal Entity Name: GEMCARE HEALTH PLAN INC.
Organization Marketing Name: GEMCARE Health Plan
Parent Organization: GEMCare Mercy Memorial Health Systems, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 8,100 Legal Entity Address: 4550 California Avenue Suite 100 City: Bakersfield State: CA Zip: 933091669	Contact Title: Marketing Manager Name: Ana Igoa Phone: 1-877-697-2464 Extension: Fax: Email: Info@gemcarehealthplan.com Address: 4550 California Avenue Suite 100 City: Bakersfield State: CA Zip: 93309 Last Updated: 10/10/2008
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Contract Number: H5610
Legal Entity Name: CARE RESOURCES
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: 183 Legal Entity Address: 1471 Grace Street SE City: Grand Rapids State: MI Zip: 49506	Contact Title: Claims Manager Name: Becky Haggerty Phone: 1-616-956-9440 Extension: 2178 Fax: 1-616-285-2588 Email: beckyh@hhs-inc.com Address: 2100 Raybrook Ave SE Suite 203 City: Grand Rapids State: MI Zip: 49546 Last Updated: 04/03/2009
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Contract Number: H5619
Legal Entity Name: ARCADIAN HEALTH PLAN, INC.
Organization Marketing Name: Arcadian Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 4,347	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 Address: c/o Corporation Service Company, 300 Deschutes Way Suite 304 City: Tumwater State: WA Zip: 98501	

Contract Number: H5628
Legal Entity Name: MOLINA HEALTHCARE OF UTAH, INC.
Organization Marketing Name: Molina Healthcare of Utah
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 8,161	Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standing@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/05/2013
Legal Entity Address: 7050 Union Park Center Suite 200 City: Midvale State: UT Zip: 84047	

Contract Number: H5629
Legal Entity Name: COMMUNITY ELDERCARE OF SAN DIEGO
Organization Marketing Name: St. Paul's PACE
Parent Organization: Community Eldercare of San Diego

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 297	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 Address: 111 Elm Street, Suite 100	

Contract Number: H5640
Legal Entity Name: IEHP HEALTH ACCESS
Organization Marketing Name: IEHP Medicare DualChoice
Parent Organization: INLAND EMPIRE HEALTH PLAN

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 11,623	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 Address: 10801 Sixth Street, Suite #120	

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

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Marketing Department
Contract Effective Date: 01/01/2006	Phone: 1-626-388-2390
Tax Status: For Profit	Extension: 3106
CMS Region Responsible: Seattle	Fax: 1-626-388-2379
Enrollment: 16,925	Email: marketing@centralhealthplan.com
Legal Entity Address: 1540 Bridgegate Drive	Address: 1540 Bridgegate Drive
City: Diamond Bar	City: Diamond Bar
State: CA	State: CA
Zip: 91765	Zip: 91765
	Last Updated: 01/07/2011

Contract Number: H5652
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Erickson Advantage
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Customer Service
Contract Effective Date: 09/01/2005	Phone: 1-877-842-3210
Tax Status: For Profit	Extension:
CMS Region Responsible: San Francisco	Fax:
Enrollment: 4,605	Email: cs_evercare@uhc.com
Legal Entity Address: 9900 Bren Road East	Address: P.O. Box 29675
City: Minnetonka	City: Hot Springs
State: MN	State: AR
Zip: 55343	Zip: 71903
	Last Updated: 11/24/2010

Contract Number: H5656
Legal Entity Name: SELECTCARE HEALTH PLANS, INC.
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: Local CCP	Contact Title: Member Services Representative
Plan Type: HMO/HMOPOS	Name: Member Services
Contract Effective Date: 01/01/2007	Phone: 1-866-422-5009
Tax Status: For Profit	Extension:
CMS Region Responsible: Dallas	Fax:
Enrollment: 4,892	Email: customerservice@todaysoptions.com
Legal Entity Address: 4888 Loop Central Drive Suite 300	Address: 4888 Loop Central Drive Suite 300
City: Houston	City: Houston
State: TX	State: TX
Zip: 77081	Zip: 77081
	Last Updated: 04/12/2013

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

Organization Type: Local CCP	Contact Title: Compliance Manager
Plan Type: HMO/HMOPOS	Name: Vicki Jueckstock
Contract Effective Date: 01/01/2006	Phone: 1-313-827-5588
Tax Status: For Profit	Extension:
CMS Region Responsible: Chicago	Fax: 1-313-827-5694
Enrollment: 905	Email: VJUECKSTOCK@MIDWESTHEALTHPLAN.COM
Legal Entity Address: 4700 Schaefer Road Suite 340	Address: 4700 SCHAEFER ROAD Ste 340
City: Dearborn	City: DEARBORN
State: MI	State: MI
Zip: 48126	Zip: 48126
	Last Updated: 01/24/2014

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 50,088 Legal Entity Address: 8427 Southpark Circle Suite 500 City: Orlando State: FL Zip: 32819	Contact Title: Name: Member Services Phone: 1-866-571-0693 Extension: Fax: Email: memberservices@pupcorp.com Address: 8427 Southpark Circle Suite 500 City: Orlando State: FL Zip: 32819 Last Updated: 09/09/2013
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Contract Number: H5698
Legal Entity Name: WINDSOR HEALTH PLAN, INC.
Organization Marketing Name: Windsor Medicare Extra
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: 38,759 Legal Entity Address: 7100 Commerce Way, Ste 285 City: Brentwood State: TN Zip: 37027	Contact Title: VP, Medicare Regulatory Affairs Name: Wendy Reynolds 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: 01/10/2014
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Contract Number: H5703
Legal Entity Name: SOUTH COUNTRY HEALTH ALLIANCE
Organization Marketing Name: South Country Health Alliance
Parent Organization: South Country Health Alliance

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 619 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
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Contract Number: H5732
Legal Entity Name: TRIPLE-S SALUD, INC.
Organization Marketing Name: Triple-S Salud, INC.
Parent Organization: Triple-S Management Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 9,622 Legal Entity Address: P. O. Box 363628 City: San Juan State: PR Zip: 009363628	Contact Title: Marketing Director Name: Eduardo Castañeda Phone: 1-787-620-1919 Extension: Fax: Email: eduardo.castaneda@ahmpr.com Address: PO Box 11320 City: San Juan State: PR Zip: 00922 Last Updated: 08/20/2013
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Contract Number: H5746
Legal Entity Name: AMERIGROUP COMMUNITY CARE OF NEW MEXICO, INC.
Organization Marketing Name: Amerigroup Community Care of New Mexico
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 3,862 Legal Entity Address: 6565 Americas Parkway NE Suite 110 City: Albuquerque State: NM Zip: 87110	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 06/15/2009
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Contract Number: H5749
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 9,485 Legal Entity Address: 9900 Bren Road East Mail Route MN-008-W140 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5750
Legal Entity Name: METROPOLITAN HEALTH PLAN
Organization Marketing Name: MHP
Parent Organization: Metropolitan Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 319 Legal Entity Address: 400 South Fourth Street Suite 201 City: Minneapolis State: MN Zip: 55415	Contact Title: Enrollment Services Manager Name: Fausto Iglesias Phone: 1-877-620-9090 Extension: Fax: Email: fausto.iglesias@co.hennepin.mn.us Address: 400 South 4th Street Suite 201 City: Minneapolis State: MN Zip: 55415 Last Updated: 04/18/2012
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Contract Number: H5765
Legal Entity Name: SATELLITE HEALTH PLAN, INC.
Organization Marketing Name: Satellite Health Plan
Parent Organization: Satellite Healthcare, 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: 45 Legal Entity Address: 300 Santana Row Suite 300 City: San Jose State: CA Zip: 95128	Contact Title: Director Network Management Name: Megan Parker Phone: 1-650-404-3627 Extension: Fax: Email: parkerM@satellitehealth.com Address: 300 Santana Row Ste. 300 City: San Jose State: CA Zip: 95128 Last Updated: 12/18/2013
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Contract Number: H5774
Legal Entity Name: AMERICAN HEALTH, INC.
Organization Marketing Name: American Health Medicare
Parent Organization: Triple-S Management Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 49,531 Legal Entity Address: PO Box 11320 City: San Juan State: PR Zip: 00922	Contact Title: Marketing Director Name: Eduardo Castañeda Phone: 1-787-620-1919 Extension: Fax: Email: eduardo.castaneda@ahmpr.com Address: PO Box 11320 City: San Juan State: PR Zip: 00922 Last Updated: 08/20/2013
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Contract Number: H5779
Legal Entity Name: MERIDIAN HEALTH PLAN OF ILLINOIS, INC.
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: 188 Legal Entity Address: 333 South Wabash Avenue Suite 2900 City: Chicago State: IL Zip: 60604	Contact Title: Manager of Medicare Marketing Name: Katie Benedict Phone: 1-312-980-0434 Extension: Fax: 1-312-980-0435 Email: Katie.Benedict@mhplan.com Address: 333 South Wabash Avenue Suite 2900 City: Chicago State: IL Zip: 60604 Last Updated: 10/07/2013
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Contract Number: H5782
Legal Entity Name: PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Organization Marketing Name: Partnership HealthPlan of California
Parent Organization: PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 8,340 Legal Entity Address: 4665 Business Center Drive City: Fairfield State: CA Zip: 94534	Contact Title: Data Entry and Enrollment Unit Coordinator Name: Lisa Harrison Phone: 1-866-264-3626 Extension: Fax: 1-707-863-4415 Email: LHarrison@partnershiphp.org Address: 4665 Business Center Drive City: Fairfield State: CA Zip: 94534 Last Updated: 12/03/2012
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Contract Number: H5786
Legal Entity Name: MERIDIAN HEALTH PLAN OF IOWA, INC.
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: 99 Legal Entity Address: 666 Grand Avenue 14th Floor City: Des Moines State: IA Zip: 50309	Contact Title: Manager of Medicare Marketing Name: Katie Benedict Phone: 1-312-980-0434 Extension: Fax: 1-312-980-0435 Email: Katie.Benedict@mhplan.com Address: 333 South Wabash Avenue Suite 2900 City: Chicago State: IL Zip: 60604 Last Updated: 10/07/2013
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Contract Number: H5793
Legal Entity Name: AETNA HEALTH, INC. (CT)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 20,395 Legal Entity Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 12/11/2007
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Contract Number: H5810
Legal Entity Name: MOLINA HEALTHCARE OF CALIFORNIA
Organization Marketing Name: Molina Healthcare of California
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 8,626 Legal Entity Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802	Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standing@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/05/2013
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Contract Number: H5811
Legal Entity Name: SCAN HEALTH PLAN
Organization Marketing Name: SCAN Health Plan
Parent Organization: SCAN Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 3,651 Legal Entity Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806	Contact Title: Manager, Member Services Operations Name: Kim McBeath Phone: 1-800-559-3500 Extension: Fax: 1-562-989-5181 Email: MemberServices@scanhealthplan.com Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806 Last Updated: 09/30/2011
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Contract Number: H5813
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 3,601 Legal Entity Address: 980 Jolly Road City: Blue Bell State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/25/2006
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Contract Number: H5817
Legal Entity Name: AMERIGROUP TEXAS, INC.
Organization Marketing Name: Amerigroup
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 30,198 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
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Contract Number: H5822
Legal Entity Name: MIDLAND CARE CONNECTION
Organization Marketing Name: Midland Care PACE
Parent Organization: Midland Care Connection, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Kansas City Enrollment: 114 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
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Contract Number: H5823
Legal Entity Name: MOLINA HEALTHCARE OF WASHINGTON, INC.
Organization Marketing Name: Molina Healthcare of Washington, Inc.
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 7,191 Legal Entity Address: 21540 30th Dr. SE Suite 400 City: Bothell State: WA Zip: 98021	Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standing@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/05/2013
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Contract Number: H5826
Legal Entity Name: COMMUNITY HEALTH PLAN OF WASHINGTON
Organization Marketing Name: Community HealthFirst Medicare Advantage Plan
Parent Organization: Community Health Plan of Washington

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 17,606 Legal Entity Address: 720 Olive Way Suite 300 City: Seattle State: WA Zip: 981011830	Contact Title: Customer Service Department Name: Customer Care Phone: 1-800-942-0247 Extension: Fax: 1-206-521-8834 Email: CustomerCare@chpw.org Address: 720 Olive Way Suite 300 City: Seattle State: WA Zip: 98101-1830 Last Updated: 05/21/2010
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Contract Number: H5832
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 213 Legal Entity Address: 980 Jolly Road City: BLUE BELL State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/25/2006
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Contract Number: H5850
Legal Entity Name: COVENTRY SUMMIT HEALTH PLAN, INC.
Organization Marketing Name: Coventry Summit Health Plan
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 34,336 Legal Entity Address: 1340 Concord Terrace City: Sunrise State: FL Zip: 33323	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H5852
Legal Entity Name: AIDS HEALTHCARE FOUNDATION
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: 823 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@aidshhealth.org Address: 1001 N. Martel Ave. City: Los Angeles State: CA Zip: 90046 Last Updated: 06/13/2013
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Contract Number: H5854
Legal Entity Name: ANTHEM HEALTH PLANS, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 725 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
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Contract Number: H5859
Legal Entity Name: HEALTH PLAN OF CAREOREGON, INC.
Organization Marketing Name: CareOregon Advantage
Parent Organization: CareOregon, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 9,997 Legal Entity Address: 315 SW Fifth Ave. Suite 900 City: Portland State: OR Zip: 97204	Contact Title: Member Services Supervisor Name: David Lima Phone: 1-800-224-4840 Extension: Fax: 1-503-416-3720 Email: limad@careoregon.org Address: CareOregon Advantage 315 SW Fifth Avenue, Suite 900 City: Portland State: OR Zip: 97204 Last Updated: 05/01/2007
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Contract Number: H5868
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 23,349 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	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
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Contract Number: H5883
Legal Entity Name: BLUE CARE NETWORK OF MICHIGAN
Organization Marketing Name: Blue Care Network
Parent Organization: Blue Cross Blue Shield of Michigan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 59,086 Legal Entity Address: 20500 Civic Center Drive City: Southfield State: MI Zip: 48076	Contact Title: Manager, Provider Affairs Name: Betty Jo Byers Phone: 1-800-255-1690 Extension: Fax: Email: BByers1@bcbsm.com Address: 4520 Linden Creek Parkway B258 City: Flint State: MI Zip: 48507 Last Updated: 10/23/2013
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Contract Number: H5887
Legal Entity Name: FIRST MEDICAL HEALTH PLAN, INC.
Organization Marketing Name: First Medical Health Plan, Inc.
Parent Organization: First Medical Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 9,531 Legal Entity Address: P.O. Box 191580 City: San Juan State: PR Zip: 009191580	Contact Title: Compliance Director Name: Alejandra Echevarria Phone: 1-787-625-9557 Extension: Fax: Email: a.echevarria@firstpluspr.com Address: P.O. Box 195200 City: San Juan State: PR Zip: 00919 Last Updated: 05/18/2012
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Contract Number: H5896
Legal Entity Name: AMERIGROUP MARYLAND, INC.
Organization Marketing Name: Amerigroup Community Care
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: *	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 Address: 7550 Teague Road Suite 500 City: Hanover State: MD Zip: 21076	

Contract Number: H5902
Legal Entity Name: SENIOR LIFE ALTOONA, INC.
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: 119	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 Address: 401 Broad Street City: Johnstown State: PA Zip: 15905	

Contract Number: H5926
Legal Entity Name: MOLINA HEALTHCARE OF MICHIGAN, INC.
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: 10,497	Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standing@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/06/2013
Legal Entity Address: 100 W. Big Beaver Suite 600 City: Troy State: MI Zip: 48084	

Contract Number: H5928
Legal Entity Name: CARE1ST HEALTH PLAN
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: 38,515	Contact Title: Director of Medicare Operations Name: Carol Rice Phone: 1-323-889-6638 Extension: 6581 Fax: Email: crice@care1st.com Address: 601 Potrero Grande Drive City: Monterey Park State: CA Zip: 91755 Last Updated: 01/08/2014
Legal Entity Address: 601 Potrero Grande City: Monterey Park State: CA Zip: 917557407	

Contract Number: H5932
Legal Entity Name: GATEWAY HEALTH PLAN, INC.
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: 42,719 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
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Contract Number: H5934
Legal Entity Name: HOPE HOSPICE AND COMMUNITY SERVICES, INC.
Organization Marketing Name: Hope PACE
Parent Organization: Hope Hospice and Community Services, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 244 Legal Entity Address: 9470 HealthPark Circle City: Fort Myers State: FL Zip: 33908	Contact Title: Manager, Home Care Coordination Name: Martha FuentesArevalo Phone: 1-239-985-6400 Extension: 76405 Fax: 1-239-985-6411 Email: MarthaFuentesArevalo@hopehcs.org Address: 2668 Winkler Ave. City: Ft. Myers State: FL Zip: 33901 Last Updated: 11/01/2013
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Contract Number: H5938
Legal Entity Name: CAPITAL HEALTH PLAN
Organization Marketing Name: Capital Health Plan
Parent Organization: Blue Cross and Blue Shield of Florida

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 15,652 Legal Entity Address: 2140 CENTERVILLE PLACE City: TALLAHASSEE State: FL Zip: 32308	Contact Title: Network Services Supervisor Name: Beth Maige Phone: 1-850-523-7307 Extension: Fax: 1-850-383-3413 Email: emmaige@chp.org Address: P.O. Box 15349 City: Tallahassee State: FL Zip: 32317 Last Updated: 04/13/2009
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Contract Number: H5943
Legal Entity Name: SCAN HEALTH PLAN
Organization Marketing Name: VillageHealth
Parent Organization: SCAN Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 781 Legal Entity Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806	Contact Title: Manager, Member Services Operations Name: Kim McBeath Phone: 1-877-586-1648 Extension: Fax: 1-562-989-5181 Email: MemberServices@scanhealthplan.com Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806 Last Updated: 09/30/2011
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Contract Number: H5985 Legal Entity Name: PHOENIX HEALTH PLANS, INC. 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: San Francisco Enrollment: 9,163 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
Contract Number: H5989 Legal Entity Name: CENTERLIGHT HEALTHCARE, INC. 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: 918 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
Contract Number: H5991 Legal Entity Name: AFFINITY HEALTH PLAN, INC. Organization Marketing Name: Affinity Health Plan Parent Organization: Affinity Health Plan	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 4,060 Legal Entity Address: 2500 Halsey Street City: Bronx State: NY Zip: 10461	Contact Title: Vice President, Claims & Customer Service Name: John A Catcchio Phone: 1-718-794-6875 Extension: Fax: Email: jcatcchio@affinityplan.org Address: 2500 Halsey Street City: Bronx State: NY Zip: 10461 Last Updated: 12/23/2013
Contract Number: H5992 Legal Entity Name: SENIOR WHOLE HEALTH OF NEW YORK, INC. Organization Marketing Name: Senior Whole Health of New York Parent Organization: SWH Holdings, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 20 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

Contract Number: H5995
Legal Entity Name: ATRIO HEALTH PLANS
Organization Marketing Name: ATRIO Health Plans
Parent Organization: ATRIO Health Plans

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 3,262 Legal Entity Address: 2270 NW Aviation Drive, Suite 3 City: Roseburg State: OR Zip: 97470	Contact Title: VP Clinical 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
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Contract Number: H6050
Legal Entity Name: KAISER FOUNDATION HP, INC.
Organization Marketing Name: Kaiser Permanente Medicare Cost
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 157 Legal Entity Address: P.O.BOX 12916 City: OAKLAND State: CA Zip: 946042916	Contact Title: Name: Member Services Phone: 1-800-443-0815 Extension: Fax: Email: msc@kp.org Address: 393 E Walnut St Fl 7 City: Pasadena State: CA Zip: 91188 Last Updated: 10/16/2013
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Contract Number: H6052
Legal Entity Name: KAISER FOUNDATION HP, INC.
Organization Marketing Name: Kaiser Permanente Medicare Cost
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 1,389 Legal Entity Address: ONE KAISER PLAZA City: OAKLAND State: CA Zip: 94612	Contact Title: Name: Member Services Phone: 1-800-443-0815 Extension: Fax: Email: msc@kp.org Address: 393 E Walnut St Fl 7 City: Pasadena State: CA Zip: 91188 Last Updated: 10/16/2013
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Contract Number: H6053
Legal Entity Name: SANTE FE EMPLOYEES HOSPITAL ASSOCIATION
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: 630 Legal Entity Address: 551 E. SAN BERNARDINO ROAD City: COVINA State: CA Zip: 91723	Contact Title: CEO Name: Cecil D Davis Phone: 1-626-967-3550 Extension: Fax: 1-626-967-3161 Email: budd@sfeha.com Address: 551 E. San Bernardino Road, City: Covina State: CA Zip: 91723 Last Updated: 08/26/2010
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Contract Number: H6059
Legal Entity Name: PACE OF GUILFORD AND ROCKINGHAM COUNTIES, INC.
Organization Marketing Name: PACE OF THE TRIAD
Parent Organization: PACE of Guilford and Rockingham Counties, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 06/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 121 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
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Contract Number: H6079
Legal Entity Name: INNOVAGE GREATER CALIFORNIA PACE
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: Denver Enrollment: * 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
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Contract Number: H6080
Legal Entity Name: MERIDIAN HEALTH PLAN OF ILLINOIS, INC.
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: * Legal Entity Address: 333 South Wabash Avenue Suite 2900 City: Chicago State: IL Zip: 60604	Contact Title: Manager of Medicare Marketing Name: Katie Benedict Phone: 1-312-980-0434 Extension: Fax: 1-312-980-0435 Email: Katie.Benedict@mhplan.com Address: 333 South Wabash Avenue Suite 2900 City: Chicago State: IL Zip: 60604 Last Updated: 10/07/2013
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Contract Number: H6132
Legal Entity Name: SELECT HEALTH OF SOUTH CAROLINA, INC.
Organization Marketing Name: Select Health of South Carolina, Inc.
Parent Organization: Independence Blue Cross

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2013 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 478 Legal Entity Address: 4930 Belle Oaks Drive #400 City: North Charleston State: SC Zip: 294058561	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: 07/01/2013
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Contract Number: H6140
Legal Entity Name: WABASH MEMORIAL HOSPITAL ASSOCIATION
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: 1,718 Legal Entity Address: 1501 NORTH WATER ST. City: DECATUR State: IL Zip: 62526	Contact Title: Admin. Name: Tamara Bivins Phone: 1-217-429-5246 Extension: Fax: 1-217-542-0134 Email: tamara@wabashcannonball.org Address: 1340 N. Water St PO Box 1340 City: Decatur State: IL Zip: 62526 Last Updated: 06/02/2008
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Contract Number: H6141
Legal Entity Name: SIDNEY HILLMAN HC
Organization Marketing Name: Sidney Hillman HC
Parent Organization: Sidney Hillman Health Center (SHHC)

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 02/01/1983 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 770 Legal Entity Address: 333 SOUTH ASHLAND AVENUE City: CHICAGO State: IL Zip: 606072750	Contact Title: Operations Director Name: Adriana Medina Phone: 1-312-738-6170 Extension: 6196 Fax: 1-312-942-1554 Email: amedina@cmrjb.org Address: 333 S. Ashland City: Chicago State: IL Zip: 60607 Last Updated: 08/30/2010
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Contract Number: H6142
Legal Entity Name: UNION HEALTH SERVICES, INC.
Organization Marketing Name: Union Health Service, Inc.
Parent Organization: Union Health Services, Inc.

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 02/01/1983 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 1,726 Legal Entity Address: 1634 WEST POLK STREET City: CHICAGO State: IL Zip: 60612	Contact Title: No contact data submitted Name: Phone: Extension: Fax: Email: Address: City: State: Zip: Last Updated:
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Contract Number: H6169
Legal Entity Name: THE PYRAMID LIFE INSURANCE COMPANY
Organization Marketing Name: Universal American Corp.
Parent Organization: Universal American Corp.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 14,249 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
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Contract Number: H6178
Legal Entity Name: CARESOURCE
Organization Marketing Name: CareSource
Parent Organization: CareSource Management Group Co.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 1,196 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: 12/23/2013
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Contract Number: H6181
Legal Entity Name: AMERIGROUP NEW YORK, LLC
Organization Marketing Name: HealthPlus Amerigroup
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 9,979 Legal Entity Address: 360 West 31st Street 5th Floor City: New York State: NY Zip: 10001	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 02/06/2013
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Contract Number: H6229
Legal Entity Name: BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC.
Organization Marketing Name: Anthem Blue Cross
Parent Organization: WellPoint, 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: * Legal Entity Address: 1 WellPoint Way 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
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Contract Number: H6231
Legal Entity Name: FRANCISCAN PACE, INC.
Organization Marketing Name: PACE Baton Rouge
Parent Organization: Franciscan PACE, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 07/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 137 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@fmlhs.org Address: 7436 Bishop Ott Drive City: Baton Rouge State: LA Zip: 70806 Last Updated: 03/13/2009
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Contract Number: H6237
Legal Entity Name: REGENCE BLUECROSS BLUESHIELD OF OREGON
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: 229 Legal Entity Address: PO Box 12625 201 High Street SE City: Salem State: OR Zip: 97309	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 01/07/2013
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Contract Number: H6306
Legal Entity Name: FIRSTCAROLINACARE INSURANCE COMPANY
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: 1,932 Legal Entity Address: 42 Memorial Dr City: Pinehurst State: NC Zip: 28374	Contact Title: COO Name: Craig Humphrey Phone: 1-888-350-7794 Extension: Fax: Email: chumphrey@firstcarolinacare.com Address: PO Box 3620 City: Akron State: OH Zip: 44309 Last Updated: 01/30/2013
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Contract Number: H6310
Legal Entity Name: INOVACARES
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: 49 Legal Entity Address: 4027B Olley Lane City: Fairfax State: VA Zip: 22032	Contact Title: Program Director Name: Robert Hager Phone: 1-703-914-2904 Extension: Fax: Email: Robert.Hager@inova.org Address: 3130 Fairview Park, Suite 300 City: Falls Church State: VA Zip: 22042 Last Updated: 07/13/2012
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Contract Number: H6328
Legal Entity Name: CARE N' CARE INSURANCE COMPANY, INC.
Organization Marketing Name: Care N/AE 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: 9,256 Legal Entity Address: 1701 River Run Suite 402 City: Fort Worth State: TX Zip: 76107	Contact Title: Director of Operations Name: Ben Presley Phone: 1-817-529-9232 Extension: Fax: 1-817-332-3614 Email: bpresley@cnchealthplan.com Address: 1701 River Run Suite 402 City: Fort Worth State: TX Zip: 76107 Last Updated: 03/28/2012
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Contract Number: H6334
Legal Entity Name: NY HOTEL TRADES COUNCIL & HOTEL ASSOCIATION OF NYC
Organization Marketing Name: NY Hotel Trades Council and Hotel Assn. of NYC
Parent Organization: NY Hotel Trades Council&Hotel Assn of NYC

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 4,209 Legal Entity Address: 305 WEST 44TH STREET City: NEW YORK State: NY Zip: 10036	Contact Title: Compliance Officer, Government Programs Name: Jordan Beasley Phone: 1-212-586-6400 Extension: Fax: Email: jbeasley@hotelfunds.org Address: 305 West 44th Street City: New York State: NY Zip: 11101 Last Updated: 12/27/2007
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Contract Number: H6360
Legal Entity Name: HEALTHSPAN INTEGRATED CARE
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: 16,521 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
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Contract Number: H6371
Legal Entity Name: LUTHERAN SENIOR HEALTHCARE, INC.
Organization Marketing Name: Lutheran Senior LIFE
Parent Organization: Lutheran Social Ministries of New Jersey

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 07/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 148 Legal Entity Address: 3 Manhattan Drive City: Burlington State: NJ Zip: 08016	Contact Title: Executive Director Name: Mia L Phifer Phone: 1-201-706-2091 Extension: Fax: 1-201-706-2092 Email: mphifer@lsmnj.org Address: 377 Jersey Avenue Suite 310 City: Jersey City State: NJ Zip: 07302 Last Updated: 03/25/2013
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Contract Number: H6411
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 8,586 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	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
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Contract Number: H6528
Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
Organization Marketing Name: Care Improvement Plus
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 32,459 Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 212012473	Contact Title: Name: Provider Relations Phone: 1-866-679-3119 Extension: Fax: Email: providerrelations@careimprovementplus.com Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201 Last Updated: 01/26/2011
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Contract Number: H6551
Legal Entity Name: LIFE ST. MARY, INC.
Organization Marketing Name: LIFE St. Mary
Parent Organization: St. Mary Medical Center

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 198 Legal Entity Address: 2500 Interplex Drive City: Trevese 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: Trevese State: PA Zip: 19053 Last Updated: 12/30/2013
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Contract Number: H6609
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 495,341 Legal Entity Address: 1100 EMPLOYERS BLVD City: DePERE State: WI Zip: 54115	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
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Contract Number: H6622
Legal Entity Name: HUMANA WI HEALTH ORGANIZATION INSURANCE CORP
Organization Marketing Name: Humana WisconsinHealth Organization Insurance Corp
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 9,013 Legal Entity Address: Two Riverwood Place N19W24133 Riverwood Drive, Suite 300 City: Waukesha State: WI Zip: 531881145	Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 05/06/2013
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Contract Number: H6623
Legal Entity Name: MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
Organization Marketing Name: Maricopa Care Advantage
Parent Organization: MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

Organization Type: Local CCP	Contact Title: MCA Customer Care
Plan Type: HMO/HMOPOS	Name: Customer Care
Contract Effective Date: 01/01/2014	Phone: 1-877-874-3935
Tax Status: For Profit	Extension:
CMS Region Responsible: San Francisco	Fax: 1-520-874-5555
Enrollment: 837	Email: memberservicesinquires@uahealth.com
Legal Entity Address: 2601 East Roosevelt St	Address: 2701 E. Elvira
City: Phoenix	City: Tucson
State: AZ	State: AZ
Zip: 85008	Zip: 85756
	Last Updated: 02/05/2013

Contract Number: H6743
Legal Entity Name: ATRIO HEALTH PLANS
Organization Marketing Name: ATRIO Health Plans
Parent Organization: ATRIO Health Plans

Organization Type: Local CCP	Contact Title: VP Clinical and Operations
Plan Type: Local PPO	Name: Cynthia A Swanson
Contract Effective Date: 01/01/2011	Phone: 1-971-209-4342
Tax Status: For Profit	Extension:
CMS Region Responsible: Seattle	Fax: 1-541-672-8670
Enrollment: 5,513	Email: Cynthia.Swanson@atriohp.com
Legal Entity Address: 2270 NW Aviation Way	Address: 2270 NW Aviation Dr, Suite 3
City: Roseburg	City: Roseburg
State: OR	State: OR
Zip: 97470	Zip: 97470
	Last Updated: 12/20/2013

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

Organization Type: Local CCP	Contact Title: Director Corporate Publications
Plan Type: HMO/HMOPOS	Name: Carlos Molina
Contract Effective Date: 01/01/2014	Phone: 1-646-786-8657
Tax Status: Not-for-Profit/Non-Profit	Extension:
CMS Region Responsible: New York	Fax:
Enrollment: 33	Email: cmolina@amidacareny.org
Legal Entity Address: 248 West 35th St	Address: 248 West 35th Street
City: New York	City: New York
State: NY	State: NY
Zip: 10001	Zip: 10001
	Last Updated: 02/05/2013

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

Organization Type: Local CCP	Contact Title: Product Portfolio Manager - Medicare Advantage
Plan Type: HMO/HMOPOS	Name: Cheryl Cassidy
Contract Effective Date: 01/01/2014	Phone: 1-888-609-0692
Tax Status: Not-for-Profit/Non-Profit	Extension:
CMS Region Responsible: Boston	Fax:
Enrollment: 282	Email: cheryl_cassidy@harvardpilgrim.org
Legal Entity Address: 93 Worcester St	Address: 93 Worcester Street
City: Wellesley	City: Wellesley
State: MA	State: MA
Zip: 02481	Zip: 02481
	Last Updated: 01/28/2014

Contract Number: H6751
Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC.
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: *	Contact Title: Business Communcation Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
Legal Entity Address: 9701 West Higgins Road Suite 360 City: Rosemont State: IL Zip: 60018	

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

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2013 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 324	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 Address: 2 Gannett Drive City: South Portland State: ME Zip: 041066911	

Contract Number: H6801
Legal Entity Name: AHS-TULSA OKLAHOMA HEALTH PLAN, INC.
Organization Marketing Name: Lovelace Medicare Plan
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: 3,157	Contact Title: Name: Customer Service Phone: 1-888-285-2249 Extension: Fax: Email: MedicareContractsOffice@bcbstx.com Address: P.O. Box 4109 City: Scranton State: PA Zip: 18505 Last Updated: 01/02/2014
Legal Entity Address: 1400 S. Boston City: Tulsa State: OK Zip: 74119	

Contract Number: H6815
Legal Entity Name: HEALTH NET HEALTH PLAN OF OREGON
Organization Marketing Name: Health Net Health Plan of Oregon, Inc.
Parent Organization: Health Net, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 10,488	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 Address: 13221 SW 68th Parkway, Ste 200 City: Tigard State: OR Zip: 91367	

Contract Number: H6859
Legal Entity Name: HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.
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: 783 Legal Entity Address: 5000 Ritter Rd Suite 101 City: Mechanicsburg State: PA Zip: 17055	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
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Contract Number: H6864
Legal Entity Name: GUILDNET, INC.
Organization Marketing Name: GuildNet
Parent Organization: Jewish Guild Healthcare

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: 618 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@guildhealth.org Address: 15 West 65th Street City: New York State: NY Zip: 10023 Last Updated: 05/02/2013
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Contract Number: H6881
Legal Entity Name: AMERICA'S 1ST CHOICE INSURANCE COMPANY OF NC, INC.
Organization Marketing Name: America's 1st Choice Insurance Company of NC
Parent Organization: America's 1st Choice Holdings of N.C., LLC

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 105 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
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Contract Number: H6887
Legal Entity Name: SOUTH JERSEY HEALTHCARE LIFE, INC.
Organization Marketing Name: SJH LIFE
Parent Organization: South Jersey Health System, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 08/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 131 Legal Entity Address: 2445 Delsea Drive City: Vineland State: NJ Zip: 08360	Contact Title: Finance Manager Name: Dana Palma Phone: 1-856-759-2132 Extension: Fax: 1-856-575-4929 Email: PalmaD@ihn.org Address: 2445 Delsea Drive City: Vineland State: NJ Zip: 08360 Last Updated: 10/02/2013
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Contract Number: H6923
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 1,580 Legal Entity Address: 980 Jolly Road City: Blue Bell State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 01/24/2008
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Contract Number: H6951
Legal Entity Name: TRILLIUM COMMUNITY HEALTH PLAN
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: 107 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
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Contract Number: H6952
Legal Entity Name: UNITEDHEALTHCARE COMMUNITY PLAN, INC
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 5,644 Legal Entity Address: 26957 Northwestern Highway, Suite 400 City: Southfield State: MI Zip: 48033	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 12/01/2009
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Contract Number: H6972
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
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: 1,713 Legal Entity Address: 2900 North loop West Suite 1300 City: Houston State: TX Zip: 77092	Contact Title: Business Communcation Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
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Contract Number: H6988
Legal Entity Name: CENTERS PLAN FOR HEALTHY LIVING, LLC
Organization Marketing Name: Advantage Care
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: *	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 Address: 1601 Bronxdale Ave Suite 209 City: Bronx State: NY Zip: 10462	

Contract Number: H7002
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 4,791	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 Address: 1100 Employers Blvd. City: Depere State: WI Zip: 54115	

Contract Number: H7003
Legal Entity Name: PACE NEBRASKA
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: 55	Contact Title: Director of PACE Development and Operations Name: Cheri Mundt Phone: 1-402-829-2921 Extension: Fax: 1-402-829-2998 Email: cmundt@immanuelpathways.org Address: 5858 Wenninghoff Road, Suite 2 City: Omaha State: NE Zip: 68134 Last Updated: 05/03/2013
Legal Entity Address: 5755 Sorensen Parkway City: Omaha State: NE Zip: 68152	

Contract Number: H7006
Legal Entity Name: ATRIO HEALTH PLANS
Organization Marketing Name: ATRIO Health Plans
Parent Organization: ATRIO Health Plans

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 2,974	Contact Title: VP Clinical 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 Address: 2270 NW Aviation Drive, Suite 3 City: Roseburg State: OR Zip: 97470	

Contract Number: H7015 Legal Entity Name: HEALTHFIRST HEALTH PLAN OF NEW JERSEY, INC. Organization Marketing Name: Healthfirst NJ Medicare Plan Parent Organization: HF Management Services, LLC	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 6,044 Legal Entity Address: 100 Church Street, 18th Floor City: New York State: NY Zip: 10007	Contact Title: AVP, Corporate Communications Name: Harris Brandt Phone: 1-212-801-6000 Extension: Fax: Email: hbrandt@healthfirst.org Address: 100 Church Street, 18th Floor City: New York State: NY Zip: 10007 Last Updated: 04/23/2013
Contract Number: H7020 Legal Entity Name: CIGNA HEALTHCARE OF SOUTH CAROLINA, INC. 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: 5,934 Legal Entity Address: 4000 Faber Place Dr. Suite 220 City: Charleston State: SC Zip: 29405	Contact Title: Business Communication Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
Contract Number: H7086 Legal Entity Name: COMMUNITY HEALTH GROUP Organization Marketing Name: Community Health Group Parent Organization: Community Health Group	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 1,227 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: aware@chgsd.com Address: 2420 Fenton Street Suite 100 City: Chula Vista State: CA Zip: 91914 Last Updated: 09/20/2013
Contract Number: H7149 Legal Entity Name: COVENTRY HEALTH CARE OF NEBRASKA, INC. 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: 4,298 Legal Entity Address: 15950 West Dodge Road City: Omaha State: NE Zip: 681184030	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013

Contract Number: H7172
Legal Entity Name: AETNA BETTER HEALTH, INC. (OH)
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: *	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
Legal Entity Address: 7400 W Campus Rd City: New Albany State: OH Zip: 43054	

Contract Number: H7173
Legal Entity Name: PEACH STATE HEALTH PLAN, INC.
Organization Marketing Name: Advantage by Peach State
Parent Organization: Centene Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 15	Contact Title: Director of Compliance Name: Michelle Jones Phone: 1-512-416-3720 Extension: 22220 Fax: Email: mjones@centene.com Address: 2100 South IH - 35 Suite: 200 City: Austin State: TX Zip: 78704 Last Updated: 12/31/2013
Legal Entity Address: 3200 Highland Parkway Suite: 300 City: Smyrna State: GA Zip: 30082	

Contract Number: H7187
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 11,139	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
Legal Entity Address: 9900 Bren Rd East MN008-T440 City: Minnetonka State: MN Zip: 55343	

Contract Number: H7188
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 5,479	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 Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	

Contract Number: H7195
Legal Entity Name: NORTHLAND PACE PROGRAM
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: 83 Legal Entity Address: 201 N 24th St City: Bismarck State: ND Zip: 58501	Contact Title: CEO Name: Tim Cox Phone: 1-701-250-0709 Extension: Fax: 1-701-250-0739 Email: tcox@northlandhealth.com Address: 3811 Lockport Street Suite 3 City: Bismarck State: ND Zip: 58503 Last Updated: 01/07/2014
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Contract Number: H7200
Legal Entity Name: AMERIGROUP TENNESSEE, INC.
Organization Marketing Name: Amerigroup
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 4,794 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
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Contract Number: H7220
Legal Entity Name: INDIANA UNIVERSITY HEALTH PLANS, INC.
Organization Marketing Name: Indiana University Health Plans - Medicare
Parent Organization: Indiana University Health

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 10,282 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
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Contract Number: H7245
Legal Entity Name: PREMIERA BLUE CROSS
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: 8,214 Legal Entity Address: 7001 220th St SW City: Mountlake Terrace State: WA Zip: 98043	Contact Title: Med Adv Compliance Program Mgr Name: Christine Hastings Phone: 1-425-918-8249 Extension: Fax: Email: christine.hastings@premera.com Address: 7001 220th St. SW MS 221 City: Mountlake Terrace State: WA Zip: 98043 Last Updated: 05/18/2013
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Contract Number: H7292
Legal Entity Name: ALAMEDA ALLIANCE JOINT POWERS AUTHORITY (JPA)
Organization Marketing Name: Alameda Alliance for Health
Parent Organization: Alameda Alliance for Health

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 6,573 Legal Entity Address: 1240 South Loop Road City: Alameda State: CA Zip: 94502	Contact Title: Manager, Medicare Compliance Name: Adriana Ahumada Phone: 1-510-747-6170 Extension: Fax: 1-510-747-4174 Email: aahumada@alamedaalliance.org Address: 1240 South Loop Road City: Alameda State: CA Zip: 94502 Last Updated: 04/16/2012
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Contract Number: H7301
Legal Entity Name: COVENTRY HEALTH CARE OF ILLINOIS, INC.
Organization Marketing Name: Coventry Health Care of Illinois, Inc.
Parent Organization: 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: 13,623 Legal Entity Address: 2110 Fox Drive, Ste. A City: Champaign State: IL Zip: 61820	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H7306
Legal Entity Name: FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY
Organization Marketing Name: Coventry Health Care
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 3,423 Legal Entity Address: 6705 Rockledge Drive Suite 900 City: Bethesda State: MD Zip: 20817	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 01/22/2014
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Contract Number: H7419
Legal Entity Name: NETWORK HEALTH, LLC
Organization Marketing Name: Network Health Unify
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: 792 Legal Entity Address: 101 Station Landing 4th Floor City: Medford State: MA Zip: 02155	Contact Title: Director, Membership Marketing Name: Abby Tiner Phone: 1-781-393-3029 Extension: Fax: 1-781-393-3171 Email: abby.tiner@network-health.org Address: 101 Station Landing 4th Floor City: Medford State: MA Zip: 02155 Last Updated: 08/29/2013
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Contract Number: H7475
Legal Entity Name: CARE WISCONSIN HEALTH PLAN, INC.
Organization Marketing Name: Care Wisconsin Health Plan, Inc.
Parent Organization: Care Wisconsin First, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 243 Legal Entity Address: 2802 International Lane PO Box 14017 City: Madison State: WI Zip: 537080017	Contact Title: Name: Customer Service Phone: 1-800-963-0035 Extension: Fax: Email: webmaster@carewisc.org Address: 2802 International Lane P.O. Box 14017 City: Madison State: WI Zip: 53708-0017 Last Updated: 04/30/2009
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Contract Number: H7501
Legal Entity Name: ORANGE COUNTY HEALTH AUTHORITY
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: * Legal Entity Address: 505 City Parkway West City: Orange State: CA Zip: 92868	Contact Title: Name: Peerapong Tantameng Phone: 1-714-468-1047 Extension: Fax: Email: ptantameng@caloptima.org Address: 505 City Parkway West City: Orange State: CA Zip: 92868 Last Updated: 03/04/2014
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Contract Number: H7660
Legal Entity Name: VIECARE BEAVER LLC DBA LIFE BEAVER COUNTY
Organization Marketing Name: LIFE Beaver and Lawrence Counties
Parent Organization: Lutheran SeniorLife

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 385 Legal Entity Address: 191 Scharberry Lane 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
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Contract Number: H7678
Legal Entity Name: MOLINA HEALTHCARE OF TEXAS, INC.
Organization Marketing Name: Molina Healthcare of Texas, Inc.
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 4,051 Legal Entity Address: 2505 North Hwy 360, Suite 300 City: Grand Prairie State: TX Zip: 75050	Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standing@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/06/2013
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Contract Number: H7728
Legal Entity Name: ANTHEM HEALTH PLANS OF NEW HAMPSHIRE, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2013 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 2,423 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
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Contract Number: H7787
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
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: 5,878 Legal Entity Address: 2900 North Loop West Suite 1300 City: Houston State: TX Zip: 77092	Contact Title: Business Communcation Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
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Contract Number: H7811
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
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: 973 Legal Entity Address: 2900 North Loop West Suite 1300 City: Houston State: TX Zip: 77092	Contact Title: Business Communcation Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
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Contract Number: H7855
Legal Entity Name: LOS ANGELES JEWISH HOME FOR THE AGING
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: 60 Legal Entity Address: 7150 Tampa Avenue 7150 Tampa Avenue City: Reseda State: CA Zip: 91335	Contact Title: Executive Dir, Brandman Centers for Senior Care Name: Gretchen Brickson Phone: 1-818-774-3274 Extension: Fax: 1-818-774-3020 Email: Gretchen.Brickson@jha.org Address: 7150 Tampa Avenue City: Reseda State: CA Zip: 91335 Last Updated: 02/02/2012
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Contract Number: H7885
Legal Entity Name: SAN MATEO HEALTH COMMISSION
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: *	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 Address: 701 Gateway Blvd. Suite 400 City: South San Francisco State: CA Zip: 94080	

Contract Number: H7890
Legal Entity Name: SANTA CLARA COUNTY HEALTH AUTHORITY
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: 07/01/2014 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: *	Contact Title: Name: Laura Watkins Phone: 1-408-874-1824 Extension: Fax: Email: lwatkins@scfhp.com Address: 210 E. Hacienda Avenue City: Campbell State: CA Zip: 95008 Last Updated: 04/27/2012
Legal Entity Address: 210 E. Hacienda Avenue City: Campbell State: CA Zip: 95008	

Contract Number: H7908
Legal Entity Name: AETNA HEALTH, INC. (PA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 2,172	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 12/11/2007
Legal Entity Address: 980 Jolly Road City: Blue Bell State: PA Zip: 19422	

Contract Number: H7917
Legal Entity Name: BLUECROSS BLUESHIELD OF TENNESSEE, INC.
Organization Marketing Name: BlueCross BlueShield of Tennessee
Parent Organization: BlueCross BlueShield of Tennessee

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 68,264	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 Address: 1 Cameron Hill Circle City: Chattanooga State: TN Zip: 37402	

Contract Number: H7949 Legal Entity Name: PACIFICARE OF NEVADA, INC. Organization Marketing Name: SecureHorizons by UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2008 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 10,973 Legal Entity Address: 9900 Bren Rd E City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/14/2011
Contract Number: H7971 Legal Entity Name: HORIZON HEALTHCARE OF NEW JERSEY, INC. 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: 459 Legal Entity Address: 3 Penn Plaza East City: Newark State: NJ Zip: 071052200	Contact Title: Manager, Service Operations Name: Lillian Amabile Phone: 1-973-466-4875 Extension: Fax: Email: lillian_amabile@horizonblue.com Address: Three Penn Plaza East PP-07K City: Newark State: NJ Zip: 07105 Last Updated: 03/10/2014
Contract Number: H8016 Legal Entity Name: ORANGE COUNTY HEALTH AUTHORITY Organization Marketing Name: CalOptima Parent Organization: Orange County Health 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: 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
Contract Number: H8046 Legal Entity Name: MOLINA HEALTHCARE OF ILLINOIS, INC. 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: * Legal Entity Address: 1520 Kensington Road Ste. 212 City: Oakbrook State: IL Zip: 60523	Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standing@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/06/2013

Contract Number: H8064
Legal Entity Name: FIRSTCAROLINACARE INSURANCE COMPANY
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: 518 Legal Entity Address: 42 Memorial Dr City: Pinehurst State: NC Zip: 28374	Contact Title: COO Name: Craig Humphrey Phone: 1-888-350-7794 Extension: Fax: Email: chumphrey@firstcarolinacare.com Address: PO Box 3620 City: Akron State: OH Zip: 44309 Last Updated: 01/30/2013
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Contract Number: H8091
Legal Entity Name: USABLE MUTUAL INSURANCE COMPANY
Organization Marketing Name: ARKANSAS BLUE CROSS AND BLUE SHIELD
Parent Organization: USABLE Mutual Insurance Company

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 721 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: Email: kathornhill@arkbluecross.com Address: 320 W. Capitol, Suite 400 City: Little Rock State: AR Zip: 72203 Last Updated: 12/28/2012
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Contract Number: H8096
Legal Entity Name: CENTRA HEALTH, INC.
Organization Marketing Name: Centra PACE
Parent Organization: Centra Health, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 132 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
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Contract Number: H8130
Legal Entity Name: MOLINA HEALTHCARE OF FLORIDA, INC.
Organization Marketing Name: Molina Healthcare of Florida
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 699 Legal Entity Address: 8300 NW 33rd Street, Suite 400 City: Doral State: FL Zip: 33122	Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standing@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/06/2013
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Contract Number: H8145
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 151,390 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	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
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Contract Number: H8146
Legal Entity Name: SECURITYCARE OF TENNESSEE, INC.
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: 234 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
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Contract Number: H8189
Legal Entity Name: MANAGED HEALTH SERVICES, WISCONSIN
Organization Marketing Name: Advantage by Managed Health Services
Parent Organization: Centene Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 1,016 Legal Entity Address: 10700 West Research Drive Suite 300 City: Milwaukee State: WI Zip: 53226	Contact Title: Director of Compliance Name: Michelle Jones Phone: 1-512-416-3720 Extension: 22220 Fax: Email: mijones@centene.com Address: 2100 South IH - 35 Suite 200 City: Austin State: TX Zip: 78704 Last Updated: 12/31/2013
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Contract Number: H8237
Legal Entity Name: INSURANCE COMPANY OF SCOTT AND WHITE
Organization Marketing Name: Vital Traditions
Parent Organization: Scott and White Healthcare

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 588 Legal Entity Address: 1206 West Campus Dr City: Temple State: TX Zip: 76502	Contact Title: Call Center Name: Customer Service Phone: 1-866-344-3141 Extension: Fax: Email: blee@sw.org Address: 1206 West Campus Drive City: Temple State: TX Zip: 76502 Last Updated: 01/28/2013
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Contract Number: H8258 Legal Entity Name: LOCAL INITIATIVE HEALTH AUTHORITY FOR L.A. COUNTY Organization Marketing Name: L.A. Care Complete Choice 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: * Legal Entity Address: 1055 W. 7th Street 10th Floor City: Los Angeles State: CA Zip: 90017	Contact Title: Sr. Director Medicare Programs Name: Gretchen Brown Phone: 1-213-694-1250 Extension: 4805 Fax: 1-213-438-5736 Email: gbrown@lacare.org Address: 1055 West 7th Street 5th Fl City: Los Angeles State: CA Zip: 90017 Last Updated: 06/19/2013
Contract Number: H8266 Legal Entity Name: CONSTELLATION HEALTH, LLC. 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: 332 Legal Entity Address: Calle A #D-25 Urb Paseo Real City: San Juan State: PR Zip: 00926	Contact Title: Compliance Officer Name: Aleshka Burgos-Colon Phone: 1-787-379-7447 Extension: Fax: Email: aburgos@constellationhealth.com Address: PO Box 360493 City: San Juan State: PR Zip: 00936 Last Updated: 03/01/2014
Contract Number: H8393 Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY Organization Marketing Name: Coventry Health Care 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: 3,668 Legal Entity Address: 15950 West Dodge Road City: Omaha State: NE Zip: 681184030	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
Contract Number: H8424 Legal Entity Name: SIOUXLAND PACE, INC. Organization Marketing Name: SIOUXLAND PACE, INC. Parent Organization: St. Luke's Health System, Inc.	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 08/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Kansas City Enrollment: 139 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: Randall.Ehlers@unitypoint.org Address: 309 Cook St City: Sioux City State: IA Zip: 51103 Last Updated: 04/25/2013

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 88 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
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Contract Number: H8452
Legal Entity Name: CARESOURCE
Organization Marketing Name: CareSource û HumanaÖ 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: * 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
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Contract Number: H8468
Legal Entity Name: GEISINGER INDEMNITY INSURANCE COMPANY
Organization Marketing Name: Geisinger Gold
Parent Organization: Geisinger Health System

Organization Type: MSA Plan Type: MSA Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 9,285 Legal Entity Address: 100 North Academy Avenue City: Danville State: PA Zip: 178223220	Contact Title: Director of Customer Service Name: Renee Blasi Phone: 1-800-498-9731 Extension: 16159 Fax: 1-570-271-5970 Email: rmbiasi@thehealthplan.com Address: 100 North Academy Avenue City: Danville State: PA Zip: 17822-3229 Last Updated: 12/14/2007
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Contract Number: H8491
Legal Entity Name: AMERIHEALTH DISTRICT OF COLUMBIA, INC.
Organization Marketing Name: AmeriHealth Caritas VIP Plans
Parent Organization: Independence Blue Cross

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 109 Legal Entity Address: 200 Stevens Dr 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: 07/01/2013
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Contract Number: H8552 Legal Entity Name: ANTHEM BLUE CROSS LIFE AND HEALTH INS COMPANY Organization Marketing Name: Anthem Blue Cross Life and Health Insurance Co. Parent Organization: WellPoint, Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 34,640 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

Contract Number: H8554 Legal Entity Name: VALLEY BAPTIST INSURANCE COMPANY Organization Marketing Name: Valley Baptist Health Plans 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: San Francisco Enrollment: 1,363 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

Contract Number: H8578 Legal Entity Name: HEALTH NEW ENGLAND, INC. Organization Marketing Name: HNE Medicare Advantage Plans Parent Organization: Baystate Health, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 8,177 Legal Entity Address: One Monarch Place Suite 1500 City: Springfield State: MA Zip: 01144	Contact Title: Director, Brand & Corporate Relations Name: Lynn Ostrowski Phone: 1-413-787-4000 Extension: 3383 Fax: 1-413-734-3356 Email: LOSTROWSKI@hne.com Address: Health New England, Inc. One Monarch Place, Suite 1500 City: Springfield State: MA Zip: 01144 Last Updated: 03/01/2013

Contract Number: H8604 Legal Entity Name: THP INSURANCE COMPANY Organization Marketing Name: Health Plan SecureChoice Parent Organization: Health Plan of the Upper Ohio Valley	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 994 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

Contract Number: H8634
Legal Entity Name: HEALTH CARE SERVICE CORPORATION
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: 1,034 Legal Entity Address: 300 E. Randolph St City: Chicago State: IL Zip: 60601	Contact Title: Name: Customer Service Phone: 1-888-285-2249 Extension: Fax: Email: MedicareContractsOffice@bcbstx.com Address: P.O. Box 4109 City: Scranton State: PA Zip: 18505 Last Updated: 02/13/2013
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Contract Number: H8644
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 20,683 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	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
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Contract Number: H8649
Legal Entity Name: ALTIUS HEALTH PLANS, INC.
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: 14,670 Legal Entity Address: 10421 South Jordan Gateway Suite 400 City: South Jordan State: UT Zip: 84095	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H8655
Legal Entity Name: RIVERSIDE RETIREMENT SERVICES, INC.
Organization Marketing Name: Riverside PACE
Parent Organization: Riverside Retirement Services, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 472 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
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Contract Number: H8677
Legal Entity Name: MOLINA HEALTHCARE OF CALIFORNIA
Organization Marketing Name: Molina Healthcare of California
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Demo	Contact Title: Vice President
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS	Name: Tom Standing
Contract Effective Date: 04/01/2014	Phone: 1-800-665-0898
Tax Status: For Profit	Extension:
CMS Region Responsible: San Francisco	Fax:
Enrollment: *	Email: Tom.Standing@MolinaHealthCare.com
Legal Entity Address: 200 Oceangate	Address: 200 Oceangate
Ste. 100	Suite 100
City: Long Beach	City: Long Beach
State: CA	State: CA
Zip: 90802	Zip: 90802
	Last Updated: 03/06/2013

Contract Number: H8684
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: Local PPO	Name: Aetna Customer Service
Contract Effective Date: 01/01/2010	Phone: 1-800-445-1796
Tax Status: For Profit	Extension:
CMS Region Responsible: Denver	Fax:
Enrollment: 5,704	Email: CustomerService@aetna.com
Legal Entity Address: 151 FARMINGTON AVENUE	Address: 151 Farmington Avenue
City: HARTFORD	City: Hartford
State: CT	State: CT
Zip: 06158	Zip: 06156
	Last Updated: 02/19/2009

Contract Number: H8707
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: Local PPO	Name: Pamela Wilson
Contract Effective Date: 01/01/2008	Phone: 1-800-448-6262
Tax Status: For Profit	Extension:
CMS Region Responsible: Kansas City	Fax:
Enrollment: 12,555	Email: pwilson@humana.com
Legal Entity Address: 1100 Employers Boulevard	Address: 101 East Main Street
City: DePere	City: Louisville
State: WI	State: KY
Zip: 54115	Zip: 40202
	Last Updated: 05/07/2013

Contract Number: H8748
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Customer Service
Contract Effective Date: 01/01/2009	Phone: 1-877-842-3210
Tax Status: For Profit	Extension:
CMS Region Responsible: San Francisco	Fax:
Enrollment: 2,370	Email: cs_evercare@uhc.com
Legal Entity Address: c/o UnitedHealth Group/Ovations, 9900 Bren Rd East	Address: P.O. Box 29675
MAIL ROUTE MN0008-W240	City: Hot Springs
City: Minnetonka	State: AR
State: MN	Zip: 71903
Zip: 55343	Last Updated: 11/24/2010

Contract Number: H8764
Legal Entity Name: ASPIRE HEALTH PLAN
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: 395 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
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Contract Number: H8777
Legal Entity Name: COMPLETE SENIOR CARE, INC.
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: 98 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
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Contract Number: H8800
Legal Entity Name: TOTAL SENIOR CARE, INC.
Organization Marketing Name: Total Senior Care, Inc.
Parent Organization: Community Care of Western New York, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 10/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 88 Legal Entity Address: 519 North Union Street 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
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Contract Number: H8822
Legal Entity Name: ADVANTAGE HEALTH SOLUTIONS, INC.
Organization Marketing Name: ADVANTAGE Health Solutions, Inc.
Parent Organization: Advantage Health Solutions

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,477 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
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Contract Number: H8870
Legal Entity Name: MOLINA HEALTHCARE OF ILLINOIS, INC.
Organization Marketing Name: Molina Healthcare of Illinois
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP	Contact Title: Vice President
Plan Type: HMO/HMOPOS	Name: Tom Standing
Contract Effective Date: 01/01/2013	Phone: 1-800-665-0898
Tax Status: For Profit	Extension:
CMS Region Responsible: Seattle	Fax:
Enrollment: *	Email: Tom.Standing@MolinaHealthCare.com
Legal Entity Address: 1520 Kensington Road	Address: 200 Oceangate Suite 100
City: Oak Brook	City: Long Beach
State: IL	State: CA
Zip: 60523	Zip: 90802
	Last Updated: 03/06/2013

Contract Number: H8908
Legal Entity Name: HUMANA MEDICAL PLAN OF MICHIGAN, INC.
Organization Marketing Name: Humana Medical Plan of Michigan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Pamela Wilson
Contract Effective Date: 01/01/2013	Phone: 1-800-448-6262
Tax Status: For Profit	Extension:
CMS Region Responsible: Kansas City	Fax:
Enrollment: 263	Email: pwilson@humana.com
Legal Entity Address: 5555 Glenwood Hills Pkwy Suite 150	Address: 101 East Main Street
City: Grand Rapids	City: Louisville
State: MI	State: KY
Zip: 49512	Zip: 40202
	Last Updated: 05/06/2013

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

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Pamela Wilson
Contract Effective Date: 01/01/2010	Phone: 1-800-448-6262
Tax Status: For Profit	Extension:
CMS Region Responsible: Kansas City	Fax:
Enrollment: 27,734	Email: pwilson@humana.com
Legal Entity Address: 640 Eden Park Drive	Address: 101 East Main Street
City: Cincinnati	City: Louisville
State: OH	State: KY
Zip: 452026056	Zip: 40202
	Last Updated: 05/07/2013

Contract Number: H8980
Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY
Organization Marketing Name: Coventry Health Care
Parent Organization: Aetna Inc.

Organization Type: Local CCP	Contact Title: Chief Medicare Compliance Officer
Plan Type: Local PPO	Name: John H Wells
Contract Effective Date: 01/01/2009	Phone: 1-800-290-0190
Tax Status: For Profit	Extension:
CMS Region Responsible: Denver	Fax:
Enrollment: 15,908	Email: WellsJ4@aetna.com
Legal Entity Address: 3721 TecPort Drive	Address: 151 Farmington Ave. Mail Code RC61
City: Harrisburg	City: Hartford
State: PA	State: CT
Zip: 17106	Zip: 06156
	Last Updated: 11/06/2013

Contract Number: H8991
Legal Entity Name: AMERIGROUP FLORIDA, INC.
Organization Marketing Name: Amerigroup
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 2,256 Legal Entity Address: 4200 W. Cypress Street Suite 900 City: Tampa State: FL Zip: 33607	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 06/11/2009
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Contract Number: H9001
Legal Entity Name: FALLON COMMUNITY HEALTH PLAN
Organization Marketing Name: Fallon Senior Plan or NaviCare or 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: 17,058 Legal Entity Address: ONE CHESTNUT PLACE 10 CHESTNUT STREET City: WORCESTER State: MA Zip: 016082810	Contact Title: Name: Customer Service Phone: 1-508-799-2100 Extension: 69988 Fax: Email: CustomerService@fchp.org Address: One Chestnut Place 10 Chestnut Street City: Worcester State: MA Zip: 01608 Last Updated: 04/26/2012
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Contract Number: H9003
Legal Entity Name: KAISER FOUNDATION HP OF THE N W
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1980 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 71,767 Legal Entity Address: 500 NE Multnomah St SUITE 100 City: PORTLAND State: OR Zip: 97232	Contact Title: Name: Member Services Phone: 1-877-221-8221 Extension: Fax: Email: kaiserpermanente@kp.org Address: 500 NE Multnomah St., Suite 100 City: Portland State: OR Zip: 97232 Last Updated: 04/05/2007
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Contract Number: H9011
Legal Entity Name: UNITEDHEALTHCARE OF FLORIDA, INC.
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1982 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 5,299 Legal Entity Address: 13621 N.W. 12TH ST. City: SUNRISE State: FL Zip: 33323	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H9047
Legal Entity Name: PROVIDENCE HEALTH PLAN
Organization Marketing Name: Providence Health Plans
Parent Organization: Providence Health & Services

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 12/01/1985 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 43,378 Legal Entity Address: 3601 SW MURRAY BLVD. SUITE 10 City: BEAVERTON State: OR Zip: 97005	Contact Title: Program Manager - Medicare Compliance Name: Keri Steege Phone: 1-503-574-6437 Extension: Fax: 1-503-574-6543 Email: keri.steege@providence.org Address: 3601 SW Murray Blvd. Suite 10 City: Beaverton State: OR Zip: 97005 Last Updated: 11/06/2009
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Contract Number: H9068
Legal Entity Name: ALBRIGHT CARE SERVICES
Organization Marketing Name: ALBRIGHT CARE SERVICES
Parent Organization: Albright Care Services

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 01/01/2012 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 188 Legal Entity Address: 90 Maplewood Drive City: Lewisburg State: PA Zip: 17837	Contact Title: Executive VP Name: Douglas Flasher Phone: 1-570-522-3880 Extension: Fax: 1-570-524-9068 Email: doug.flashier@albrightcare.org Address: 90 Maplewood Drive City: Lewisburg State: PA Zip: 17837 Last Updated: 05/24/2012
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Contract Number: H9082
Legal Entity Name: MOLINA HEALTHCARE OF NEW MEXICO, INC.
Organization Marketing Name: Molina Healthcare of New Mexico, Inc.
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 976 Legal Entity Address: 8801 Horizon Blvd., Suite 400 City: Albuquerque State: NM Zip: 87113	Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standing@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/06/2013
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Contract Number: H9104
Legal Entity Name: SCAN HEALTH PLAN
Organization Marketing Name: SCAN Health Plan
Parent Organization: SCAN Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1985 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 4,313 Legal Entity Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806	Contact Title: Manager, Member Services Operations Name: Kim McBeath Phone: 1-800-559-3500 Extension: Fax: 1-562-989-5181 Email: MemberServices@scanhealthplan.com Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806 Last Updated: 09/30/2011
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Contract Number: H9110
Legal Entity Name: REGENCE BLUECROSS BLUESHIELD OF UTAH
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: 70 Legal Entity Address: PO Box 12625 201 High Street SE City: Salem State: OR Zip: 97309	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 01/07/2013
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Contract Number: H9122
Legal Entity Name: ALPHACARE OF NEW YORK, INC.
Organization Marketing Name: AlphaCare of New York, Inc.
Parent Organization: AlphaCare Holdings, 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: 280 Legal Entity Address: 335 Adams Street Suite 2600 City: Brooklyn State: NY Zip: 11201	Contact Title: Name: Morgan Mc Cray Phone: 1-646-519-3413 Extension: Fax: Email: mmccray@alphacare.com Address: 335 Adams Street Suite 2600 City: Brooklyn State: NY Zip: 11201 Last Updated: 07/05/2013
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Contract Number: H9190
Legal Entity Name: GATEWAY HEALTH PLAN OF OHIO, INC.
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: 342 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
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Contract Number: H9207
Legal Entity Name: HEALTH PARTNERS OF PHILADELPHIA, INC.
Organization Marketing Name: Health Partners Medicare
Parent Organization: Health Partners of Philadelphia, 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: 1,796 Legal Entity Address: 901 Market St Suite 500 City: Philadelphia State: PA Zip: 19107	Contact Title: Vice President, Government Relations and Compliance Name: Kearline Jones Phone: 1-215-991-4063 Extension: Fax: Email: kdjones@healthpart.com Address: 901 Market St Suite 500 City: Philadelphia State: PA Zip: 19107-3111 Last Updated: 01/31/2014
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Contract Number: H9264 Legal Entity Name: ALAMEDA ALLIANCE JOINT POWERS AUTHORITY (JPA) Organization Marketing Name: Alliance Dual Demonstration Parent Organization: Alameda Alliance for Health	
Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 07/01/2014 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: * Legal Entity Address: 1240 South Loop Road City: Alameda State: CA Zip: 94502	Contact Title: Manager, Medicare Compliance Name: Adriana Ahumada Phone: 1-510-747-6170 Extension: Fax: 1-510-747-4174 Email: aahumada@alamedaalliance.org Address: 1240 South Loop Road City: Alameda State: CA Zip: 94502 Last Updated: 04/18/2012
Contract Number: H9266 Legal Entity Name: PIEDMONT HEALTH SERVICES, INC. Organization Marketing Name: Piedmont Health SeniorCare Parent Organization: PIEDMONT HEALTH SERVICES, INC.	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 10/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 138 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
Contract Number: H9285 Legal Entity Name: ATLANTIS HEALTH PLAN, INC. 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: New York Enrollment: 823 Legal Entity Address: 45 Broadway Suite 300 City: New York State: NY Zip: 10006	Contact Title: Name: Michael Leon Phone: 1-888-300-9320 Extension: Fax: Email: regulatorycompliance@easychoiceny.com Address: 45 Broadway Suite 300 City: New York State: NY Zip: 10006 Last Updated: 08/20/2013
Contract Number: H9302 Legal Entity Name: SOUNDPATH HEALTH, INC. Organization Marketing Name: Soundpath Health Parent Organization: Soundpath Health, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 16,383 Legal Entity Address: 32129 Weyerhaeuser Way S Suite 201 City: Federal Way State: WA Zip: 98001	Contact Title: Chief Marketing Executive Name: Kim Heuss Phone: 1-253-345-5555 Extension: Fax: 1-253-779-8829 Email: k.heuss@soundpathhealth.com Address: 32129 Weyerhaeuser Way S., Suite 100 City: Federal Way State: WA Zip: 98001 Last Updated: 11/12/2013

Contract Number: H9385
Legal Entity Name: SCAN HEALTH PLAN ARIZONA
Organization Marketing Name: SCAN Health Plan Arizona
Parent Organization: SCAN Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 17,968 Legal Entity Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806	Contact Title: Manager, Member Services Operations Name: Kim McBeath Phone: 1-888-540-7226 Extension: Fax: 1-562-989-5181 Email: MemberServices@scanhealthplan.com Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806 Last Updated: 09/30/2011
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Contract Number: H9412
Legal Entity Name: GEISINGER QUALITY OPTIONS, INC.
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: 440 Legal Entity Address: 100 North Academy Ave City: Danville State: PA Zip: 17822	Contact Title: Director of Customer Service Name: Renee Blasi Phone: 1-800-498-9731 Extension: 16159 Fax: 1-570-271-5970 Email: rmbiasi@thehealthplan.com Address: 100 North Academy Avenue City: Danville State: PA Zip: 17822-3229 Last Updated: 01/23/2013
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Contract Number: H9503
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 4,715 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	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
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Contract Number: H9525
Legal Entity Name: COMPCARE HEALTH SERVICES INSURANCE CORPORATION
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2013 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,042 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
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Contract Number: H9572 Legal Entity Name: BLUE CROSS BLUE SHIELD OF MICHIGAN Organization Marketing Name: Blue Cross Blue Shield of Michigan Parent Organization: Blue Cross Blue Shield of Michigan	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 299,657 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
Contract Number: H9615 Legal Entity Name: MVP HEALTH PLAN, INC. Organization Marketing Name: MVP HEALTH CARE Parent Organization: MVP Health Care, Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 19,582 Legal Entity Address: 625 State Street City: Schenectady State: NY Zip: 12301	Contact Title: Sales Manager Medicare Name: Catherine Mercury Phone: 1-888-280-6205 Extension: Fax: Email: cmercury@mvphealthcare.com Address: 220 Alexander St City: Rochester State: NY Zip: 14607 Last Updated: 05/18/2009
Contract Number: H9670 Legal Entity Name: UPMC HEALTH BENEFITS, INC. Organization Marketing Name: UPMC Health Plan Parent Organization: University of Pittsburgh Medical Center	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 59 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
Contract Number: H9685 Legal Entity Name: MERCY MARICOPA INTEGRATED CARE Organization Marketing Name: Mercy Maricopa Advantage Parent Organization: Southwest Catholic 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: San Francisco Enrollment: * Legal Entity Address: 4350 E Cotton Center Blvd Bldg D City: Phoenix State: AZ Zip: 85040	Contact Title: Director, Customer and Enrollment Services Name: Cathy Waldbillig Phone: 1-602-263-3000 Extension: Fax: Email: azcustsvce@schalleranderson.com Address: 4350 E Cotton Center Boulevard Bldg D City: Phoenix State: AZ Zip: 85040 Last Updated: 01/22/2013

Contract Number: H9699
Legal Entity Name: HMO PARTNERS, INC.
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: 341 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: Email: kathornhill@arkbluecross.com Address: 320 W. Capitol, Suite 400 City: Little Rock State: AR Zip: 72203 Last Updated: 02/05/2013
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Contract Number: H9725
Legal Entity Name: CIGNA HEALTHCARE OF NORTH CAROLINA, INC.
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: 1,087 Legal Entity Address: 701 Corporate Center Dr City: Raleigh State: NC Zip: 27607	Contact Title: Business Communication Sr. Specialis Name: Graham Harrison Phone: 1-615-565-8476 Extension: Fax: Email: graham.harrison@healthspring.com Address: 500 Great Circle Road City: Nashville State: TN Zip: 37228 Last Updated: 03/01/2013
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Contract Number: H9730
Legal Entity Name: WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC
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: 3,606 Legal Entity Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634	Contact Title: VP, Medicare Regulatory Affairs Name: Wendy Reynolds 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: 10/21/2013
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Contract Number: H9788
Legal Entity Name: HEALTHNOW NEW YORK INC.
Organization Marketing Name: ActiveSaver MSA or BlueSaver MSA
Parent Organization: HealthNow New York Inc.

Organization Type: MSA Plan Type: MSA Contract Effective Date: 01/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 1,202 Legal Entity Address: 257 West Genesee Street City: Buffalo State: NY Zip: 142022657	Contact Title: Name: Customer Service Phone: 1-877-327-1395 Extension: Fax: Email: seniorblue@bcbswny.com Address: PO Box 13599 City: Albany State: NY Zip: 12212 Last Updated: 06/06/2011
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Contract Number: H9830
Legal Entity Name: NEWCOURTLAND LIFE PROGRAM
Organization Marketing Name: NewCourtland LIFE Program
Parent Organization: New Courtland LIFE Program

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 10/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 310 Legal Entity Address: 1845 Walnut Street 12th Floor City: Philadelphia State: PA Zip: 19103	Contact Title: Vice President of Health Services Name: Mary Austin Phone: 1-215-965-2392 Extension: Fax: 1-267-286-6235 Email: maustin@newcourtland.org Address: NewCourtland LIFE Program 1845 Walnut Street 12th Floor City: Philadelphia State: PA Zip: 19103 Last Updated: 08/22/2011
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Contract Number: H9834
Legal Entity Name: GUNDERSEN HEALTH PLAN OF MINNESOTA
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: 539 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
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Contract Number: H9847
Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY
Organization Marketing Name: Coventry Health Care
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 32,007 Legal Entity Address: 6705 Rockledge Drive, Suite 900 City: Bethesda State: MD Zip: 20817	Contact Title: Chief Medicare Compliance Officer Name: John H Wells Phone: 1-800-290-0190 Extension: Fax: Email: WellsJ4@aetna.com Address: 151 Farmington Ave. Mail Code RC61 City: Hartford State: CT Zip: 06156 Last Updated: 11/06/2013
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Contract Number: H9857
Legal Entity Name: PIEDMONT WELLSTAR HEALTHPLANS, INC.
Organization Marketing Name: Piedmont WellStar HealthPlans
Parent Organization: Piedmont Healthcare, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 6,826 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: 800 N. Glebe Road, Suite 500 City: Arlington State: VA Zip: 22203 Last Updated: 02/18/2014
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Contract Number: H9859
Legal Entity Name: MVP HEALTH PLAN, INC.
Organization Marketing Name: MVP HEALTH CARE
Parent Organization: MVP Health Care, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 12,247 Legal Entity Address: 625 State Street City: Schenectady State: NY Zip: 12305	Contact Title: Sales Manager Medicare Name: Catherine Mercury Phone: 1-888-280-6205 Extension: Fax: Email: cmercury@mvphealthcare.com Address: 220 Alexander St City: Rochester State: NY Zip: 14607 Last Updated: 05/18/2009
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Contract Number: H9886
Legal Entity Name: HMO MISSOURI, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 125 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
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Contract Number: H9915
Legal Entity Name: MEDSTAR FAMILY CHOICE, INC.
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: 206 Legal Entity Address: 8094 Sandpiper Circle Suite O City: Baltimore State: MD Zip: 21236	Contact Title: Dir of Operations, MedStar Family Choice Name: Lesley Wallace Phone: 1-410-933-3014 Extension: Fax: Email: Lesley.wallace@medstar.net Address: 8094 Sandpiper Circle – Suite O City: Baltimore State: MD Zip: 21236 Last Updated: 02/17/2012
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Contract Number: H9947
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF GEORGIA, INC.
Organization Marketing Name: Blue Cross Blue Shield of Georgia
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 103,206 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
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Contract Number: H9954
Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 104 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
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Contract Number: H9998
Legal Entity Name: LUBBOCK REGIONAL MENTAL HEALTH MENTAL RETARDATION
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: 76 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
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Contract Number: R3175
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,988 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: R3332
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
Organization Marketing Name: Florida Blue
Parent Organization: Blue Cross and Blue Shield of Florida

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 66,851 Legal Entity Address: 4800 Deerwood Campus Parkway Bldg. 100 / 8th Floor City: Jacksonville State: FL Zip: 32246	Contact Title: Sr Dir Gov Programs & Medicare Compliance Official Name: Brendan Hodges Phone: 1-800-810-2583 Extension: Fax: Email: Brendan.Hodges@floridablue.com Address: 4800 Deerwood Campus Pkwy DCC Building 100, 7th Floor City: Jacksonville State: FL Zip: 32246 Last Updated: 04/04/2013
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Contract Number: R3444 Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO. Organization Marketing Name: Care Improvement Plus Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 51,727 Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201	Contact Title: Name: Provider Relations Phone: 1-866-679-3119 Extension: Fax: Email: providerrelations@careimprovementplus.com Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201 Last Updated: 01/26/2011
Contract Number: R5287 Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY Organization Marketing Name: UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 160,689 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
Contract Number: R5342 Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK Organization Marketing Name: UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 70,641 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
Contract Number: R5826 Legal Entity Name: HUMANA INSURANCE COMPANY Organization Marketing Name: Humana Insurance Company Parent Organization: Humana Inc.	
Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 507,531 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	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

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

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 102,867 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
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Contract Number: R6801
Legal Entity Name: CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY
Organization Marketing Name: Care Improvement Plus
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 64,794 Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201	Contact Title: Name: Provider Relations Phone: 1-866-679-3119 Extension: Fax: Email: providerrelations@careimprovementplus.com Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201 Last Updated: 01/26/2011
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Contract Number: R7439
Legal Entity Name: HAWAII MEDICAL SERVICE ASSOCIATION
Organization Marketing Name: Akamai Advantage by HMSA
Parent Organization: Hawaii Medical Service Association

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 25,832 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 818 Keeaumoku St City: Honolulu State: HI Zip: 96814 Last Updated: 05/30/2013
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Contract Number: R7444
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 20,789 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
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Contract Number: R9896	
Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	
Organization Marketing Name: Care Improvement Plus	
Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Regional CCP	Contact Title:
Plan Type: Regional PPO	Name: Provider Relations
Contract Effective Date: 01/01/2007	Phone: 1-866-679-3119
Tax Status: For Profit	Extension:
CMS Region Responsible: San Francisco	Fax:
Enrollment: 148,958	Email: providerrelations@careimprovementplus.com
	Address: 351 West Camden Street
	Suite 100
Legal Entity Address: 351 West Camden Street	City: Baltimore
Suite 100	State: MD
City: Baltimore	Zip: 21201
State: MD	Last Updated: 01/26/2011
Zip: 21201	

