



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

Sorted by Contract Number

**CPC/MDBG/DPD
March 2011**

IMPORTANT NOTES

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

Contract Number: 90091 Legal Entity Name: UNITED MINE WORKERS OF AMERICA HEALTH & RETIREMENT Organization Marketing Name: United Mine Workers of America Health & Retirement Parent Organization: UMWA Health and Retirement Funds	
Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 02/01/1974 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 31,919 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
Contract Number: E5088 Legal Entity Name: DESERET HEALTHCARE EMPLOYEE BENEFITS TRUST Organization Marketing Name: Deseret Mutual Parent Organization: DMBA (Deseret Mutual Benefit Administrators)	
Organization Type: Employer/Union Only Direct Contract PFFS Plan Type: Employer/Union Only Direct Contract PFFS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 11,832 Legal Entity Address: 60 E. South Temple City: Salt Lake City State: UT Zip: 84111	Contact Title: Name: Customer Service Phone: 1-877-220-0110 Extension: Fax: 1-843-736-0301 Email: customerservice@dmba.com Address: 60 East South Temple City: Salt Lake City State: UT Zip: 84111 Last Updated: 08/31/2009
Contract Number: E6036 Legal Entity Name: ASOCIACION DE MAESTROS DE PUERTO RICO Organization Marketing Name: PROSSAM Plus Parent Organization: Asociacion De Maestros De Puerto Rico	
Organization Type: Employer/Union Only Direct Contract PFFS Plan Type: Employer/Union Only Direct Contract PFFS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 2,222 Legal Entity Address: 452 Ponce de Leon Ave City: San Juan State: PR Zip: 00917	Contact Title: EPOC-Director of CIT Name: John Escobar Phone: 1-787-767-2020 Extension: 1270 Fax: 1-787-763-2726 Email: john.escobar@amprnet.org Address: PO BOX 191088 City: San Juan State: PR Zip: 00919 Last Updated: 02/08/2011
Contract Number: H0084 Legal Entity Name: CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY Organization Marketing Name: Care Improvement Plus Parent Organization: XLHealth Corporation	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 1,704 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

Contract Number: H0104
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF ALABAMA
Organization Marketing Name: Blue Cross and Blue Shield of Alabama
Parent Organization: BlueCross BlueShield of Alabama

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 44,624 Legal Entity Address: 450 RIVERCHASE PARKWAY EAST City: BIRMINGHAM State: AL Zip: 35244	Contact Title: Manager Claims Operations Name: Sharon R Smith Phone: 1-800-517-6425 Extension: Fax: Email: OpsCompliance@bcbsal.org Address: 450 Riverchase Parkway East City: Birmingham State: AL Zip: 35244 Last Updated: 05/24/2010
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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: 85 Legal Entity Address: 153 Founders Court City: Orangeburg State: SC Zip: 29118	Contact Title: Business Office Manager Name: Deborah Robinson Phone: 1-803-534-1212 Extension: 1113 Fax: 1-803-535-1540 Email: drobinson@theoakssc.com Address: P.O.Drawer 327 City: Orangeburg State: SC Zip: 29116 Last Updated: 09/30/2009
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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: 4,545 Legal Entity Address: 500 West Main Street City: Louisville State: KY Zip: 40202	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/04/2010
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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: 2,883 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: Plan Directory Contact Name: Mary L Solomon Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 08/11/2009
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Contract Number: H0141
Legal Entity Name: CARESOURCE MICHIGAN
Organization Marketing Name: CareSource
Parent Organization: CareSource

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: 378 Legal Entity Address: 2900 West Road, Suite 201 City: Lansing State: MI Zip: 48823	Contact Title: Director of Communications Name: Michelle Chapman Phone: 1-937-224-3300 Extension: 2910 Fax: 1-937-425-0864 Email: michelle.chapman@caresource.com Address: P. O. Box 8738 City: Dayton State: OH Zip: 45401 Last Updated: 12/14/2009
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Contract Number: H0150
Legal Entity Name: HEALTHSPRING OF ALABAMA, INC.
Organization Marketing Name: Healthspring of Alabama, Inc.
Parent Organization: HealthSpring, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1994 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 32,356 Legal Entity Address: Two Chase Corporate Drive Ste 300 City: Hoover State: AL Zip: 35244	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-832-553-3300 Extension: 3379 Fax: Email: Wendy.Wetzel@healthspring.com Address: 2900 North Loop West Suite1300 City: Houston State: TX Zip: 77092 Last Updated: 11/22/2010
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Contract Number: H0151
Legal Entity Name: UNITEDHEALTHCARE OF ALABAMA, INC.
Organization Marketing Name: SecureHorizons by 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: 34,405 Legal Entity Address: 13621 NW 12TH ST City: SUNRISE State: FL Zip: 33323	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H0154
Legal Entity Name: VIVA HEALTH, INC.
Organization Marketing Name: VIVA Medicare Plus
Parent Organization: UAB Health System

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1998 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 35,839 Legal Entity Address: 1222 14th Avenue South City: BIRMINGHAM State: AL Zip: 35205	Contact Title: Manager of Sales and Marketing Operations Name: Tony Ceasar Phone: 1-205-558-7558 Extension: Fax: 1-205-393-1748 Email: tceasar@uabmc.edu Address: 1222 14th Avenue South City: Birmingham State: AL Zip: 35205 Last Updated: 12/10/2010
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Contract Number: 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: 4,959 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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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: 17,433 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: H0302
Legal Entity Name: BANNER MEDISUN, INC.
Organization Marketing Name: Banner MediSun
Parent Organization: Banner Health

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1999 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 21,173 Legal Entity Address: P.O. Box 1489 13632 North 99th Ave, Suite B City: Sun City State: AZ Zip: 85372	Contact Title: Name: Member Services Phone: 1-800-446-8331 Extension: Fax: 1-623-974-7439 Email: medisun@bannerhealth.com Address: P.O. Box 1489 13632 N. 99th Ave. Suite B City: Sun City State: AZ Zip: 85372 Last Updated: 09/15/2008
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Contract Number: H0303
Legal Entity Name: PACIFICARE OF ARIZONA, INC
Organization Marketing Name: SecureHorizons by 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: 93,521 Legal Entity Address: 410 NORTH 44TH STREET PO BOX 52078 City: PHOENIX State: AZ Zip: 850722078	Contact Title: Name: Customer Service Phone: 1-888-866-8297 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H0307
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1988 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 14,452 Legal Entity Address: 321 West Main Street, 12th Floor City: Louisville State: KY Zip: 40202	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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Contract Number: H0316
Legal Entity Name: UNITEDHEALTHCARE OF ARIZONA, INC.
Organization Marketing Name: SecureHorizons by 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: 21,765 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: 12,534 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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Contract Number: H0318
Legal Entity Name: AETNA HEALTH INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 1,253 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: Evercare« by 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: 1,162 Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H0320
Legal Entity Name: ARCADIAN HEALTH PLAN, INC.
Organization Marketing Name: Desert Canyon Community Care
Parent Organization: Arcadian Management Services Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 5,244 Legal Entity Address: 500 12th Street, Suite 350 City: OAKLAND State: CA Zip: 94607	Contact Title: Name: Member Service Phone: 1-800-573-8597 Extension: Fax: Email: memberservice@arcadianhealth.com Address: 500 12th Street Suite 350 City: Oakland State: CA Zip: 94607 Last Updated: 05/25/2010
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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: 21,146 Legal Entity Address: 3141 North Third Avenue City: Phoenix State: AZ Zip: 85013	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 01/03/2011
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Contract Number: H0332
Legal Entity Name: KS PLAN ADMINISTRATORS, LLC
Organization Marketing Name: KelseyCare Advantage
Parent Organization: KS Plan Administrators, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 18,342 Legal Entity Address: 2727 West Holcombe 4th Floor, Admin City: Houston State: TX Zip: 77025	Contact Title: Name: Member Services Phone: 1-713-442-2273 Extension: Fax: 1-713-442-9541 Email: margaret.drakeley@kelseycareadvantage.com Address: 8900 Lakes at 610 Dr. Suite 1100 City: Houston State: TX Zip: 77054 Last Updated: 01/14/2008
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<p>Contract Number: H0346 Legal Entity Name: PACE VERMONT, INC. Organization Marketing Name: PACE Vermont, Inc Parent Organization: PACE VERMONT, INC.</p>	
<p>Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 94 Legal Entity Address: 786 College Parkway City: Colchester State: VT Zip: 05446</p>	<p>Contact Title: Administrative & Fiscal Service Manager Name: Ronald Dudley Phone: 1-802-655-6700 Extension: 104 Fax: 1-802-655-6760 Email: rdudley@pacevermont.org Address: 786 College Parkway City: Colchester State: VT Zip: 05446 Last Updated: 10/21/2010</p>
<p>Contract Number: H0351 Legal Entity Name: HEALTH NET OF ARIZONA, INC. Organization Marketing Name: Health Net of Arizona, Inc. Parent Organization: Health Net, Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1992 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 42,849 Legal Entity Address: 1230 W. Washington St. Suite 401 City: Tempe State: AZ Zip: 852812145</p>	<p>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</p>
<p>Contract Number: H0354 Legal Entity Name: CIGNA HEALTHCARE OF ARIZONA, INC. Organization Marketing Name: CIGNA HealthCare of Arizona Parent Organization: CIGNA</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 12/01/1992 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 36,484 Legal Entity Address: 11001 N. BLACK CANYON HIGHWAY City: PHOENIX State: AZ Zip: 85029</p>	<p>Contact Title: Name: Medicare Team Phone: 1-800-627-7534 Extension: Fax: Email: seniors@cigna.com Address: P.O. Box 42005 City: Phoenix State: AZ Zip: 85080 Last Updated: 03/29/2007</p>
<p>Contract Number: H0370 Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY Organization Marketing Name: Coventry Health Care Parent Organization: Coventry Health Care Inc.</p>	
<p>Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 1,128 Legal Entity Address: 4320 114th St. City: Urbandale State: IA Zip: 50322</p>	<p>Contact Title: VP of Medicare Name: Richard Sloma Phone: 1-866-901-4692 Extension: Fax: Email: msloma@cvtly.com Address: 4320 114th St City: Urbandale State: IA Zip: 50322 Last Updated: 10/25/2010</p>

Contract Number: H0401
Legal Entity Name: UNITEDHEALTHCARE OF ARKANSAS, INC.
Organization Marketing Name: SecureHorizons by 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: 2,797 Legal Entity Address: 9900 BREN ROAD EAST City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H0408
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« by 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: 35 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: MetroPlus Health Plan, 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: New York Enrollment: 4,738 Legal Entity Address: 160 Water Street 3rd Floor City: New York State: NY Zip: 10038	Contact Title: COO Name: Stanley Glassman Phone: 1-212-908-8661 Extension: Fax: 1-212-908-8620 Email: glasst@nychhc.org Address: 160 Water Street 3rd Floor City: New York State: NY Zip: 10038 Last Updated: 12/10/2010
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Contract Number: H0474
Legal Entity Name: ESSENCE HEALTHCARE OF NEW YORK, INC.
Organization Marketing Name: Essence Healthcare
Parent Organization: Essence Group Holdings Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 2,349 Legal Entity Address: 13900 Riverport Drive City: Maryland Heights State: MO Zip: 63043	Contact Title: Name: Customer Service Phone: 1-314-209-2700 Extension: Fax: 1-314-209-2801 Email: customerservice@essencehealthcare.com Address: 13900 Riverport Drive City: Maryland Heights State: MO Zip: 63043 Last Updated: 08/07/2009
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Contract Number: H0490
Legal Entity Name: MOLINA HEALTHCARE OF OHIO
Organization Marketing Name: Molina Healthcare of Ohio
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 124 Legal Entity Address: 8101 NORTH HIGH STREET SUITE 180 City: COLUMBUS State: OH Zip: 432356609	Contact Title: Name: Member Services Phone: 1-866-472-4584 Extension: Fax: Email: CentralizedOps.Medicare@MolinaHealthCare.com Address: 8101 N High Street Suite 130 City: Columbus State: OH Zip: 43235 Last Updated: 02/02/2011
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Contract Number: H0502
Legal Entity Name: CONTRA COSTA HEALTH PLAN
Organization Marketing Name: Contra Costa Health Plan
Parent Organization: Contra Costa Health Services

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 07/01/1977 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 505 Legal Entity Address: 595 CENTER AVENUE SUITE 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: 58,563 Legal Entity Address: 6300 CANOGA AVENUE City: WOODLAND HILLS State: CA Zip: 91367	Contact Title: Name: Member Services Phone: 1-800-776-4466 Extension: Fax: 1-818-228-5130 Email: membersvcs@blueshieldca.com Address: 6300 Canoga Avenue City: Woodland Hills State: CA Zip: 91367 Last Updated: 07/09/2007
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Contract Number: H0523
Legal Entity Name: AETNA HEALTH OF CALIFORNIA, INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1986 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 24,265 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 Senior Advantage
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: 779,676 Legal Entity Address: P.O. BOX 12916 City: OAKLAND State: CA Zip: 946042916	Contact Title: Name: Member Services Phone: 1-800-443-0815 Extension: Fax: Email: msc@kp.org Address: 393 E Walnut St Fl 7 City: Pasadena State: CA Zip: 91188 Last Updated: 04/17/2009
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Contract Number: H0540
Legal Entity Name: UNICARE LIFE AND HEALTH INS. COMPANY
Organization Marketing Name: Unicare Life & Health Ins. Company
Parent Organization: WellPoint, Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 04/01/2003 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 8,801 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/06/2009
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Contract Number: H0542
Legal Entity Name: ALTAMED HEALTH SERVICES CORPORATION
Organization Marketing Name: AltaMed Senior BuenaCare
Parent Organization: Altamed Health Services Corporation

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 621 Legal Entity Address: 500 CITADEL DRIVE SUITE 490 City: LOS ANGELES State: CA Zip: 90040	Contact Title: SBC PACE Center Manager Name: Jhones T Vergara Phone: 1-323-728-0411 Extension: Fax: 1-323-890-8761 Email: jvergara@altamed.org Address: 5425 E Pomona Blvd City: Los Angeles State: CA Zip: 90022 Last Updated: 06/20/2008
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Contract Number: H0543
Legal Entity Name: PACIFICARE OF CALIFORNIA
Organization Marketing Name: SecureHorizons by 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: 309,056 Legal Entity Address: 5995 PLAZA DRIVE City: CYPRESS State: CA Zip: 90630	Contact Title: Name: Customer Service Phone: 1-888-866-8297 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H0544
Legal Entity Name: CAREMORE HEALTH PLAN
Organization Marketing Name: CareMore Health Plan
Parent Organization: CareMore Medical Enterprises

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/2003 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 43,706 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: 16,570 Legal Entity Address: 300 SOUTH PARK PO BOX 6002 City: POMONA State: CA Zip: 917696002	Contact Title: Manager, Enrollment & Reimbursement Name: Kim Porter Phone: 1-800-251-8191 Extension: 426 Fax: Email: cmscasework@ivhp.com Address: 300 S. Park Ave. City: Pomona State: CA Zip: 91766 Last Updated: 09/19/2006
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Contract Number: H0562
Legal Entity Name: HEALTH NET OF CALIFORNIA
Organization Marketing Name: Health Net of California
Parent Organization: Health Net, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1992 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 128,046 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: 13,029 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 06/22/2010
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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: 8,087 Legal Entity Address: 445 Grant Avenue Suite 700 City: SAN FRANCISCO State: CA Zip: 94108	Contact Title: Manager of IT Name: JC Tucker Phone: 1-415-955-8800 Extension: 3204 Fax: 1-415-955-8817 Email: jctucker@cchphmo.com Address: 445 Grant Avenue Suite 700 City: San Francisco State: CA Zip: 94108 Last Updated: 10/22/2009
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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: 23,921 Legal Entity Address: 2775 CROSSROADS BLVD. City: GRAND JUNCTION State: CO Zip: 81506	Contact Title: Name: RMHP Customer Service Phone: 1-800-346-4643 Extension: Fax: Email: customer_service@rmhp.org Address: PO Box 10600 City: Grand Junction State: CO Zip: 81502 Last Updated: 09/10/2008
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Contract Number: H0609
Legal Entity Name: PACIFICARE OF COLORADO, INC
Organization Marketing Name: SecureHorizons by 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: 72,220 Legal Entity Address: 6455 YOSEMITE STREET City: GREENWOOD VILLAG State: CO Zip: 80111	Contact Title: Name: Customer Service Phone: 1-888-866-8297 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H0613
Legal Entity Name: TOTAL LONGTERM CARE, INC.
Organization Marketing Name: Total Longterm Care, Inc.
Parent Organization: Total Community Options, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 04/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 1,567 Legal Entity Address: 200 E. 9TH AVENUE City: DENVER State: CO Zip: 80203	Contact Title: AVP Medicare and Medicaid Compliance Name: Matthew Zimmerman Phone: 1-303-869-4664 Extension: Fax: 1-303-996-1600 Email: mzimmerman@totalongtermcare.org Address: 8950 East Lowry Boulevard City: Denver State: CO Zip: 80230 Last Updated: 11/17/2010
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Contract Number: H0620
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« by 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: 2,069 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
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: 3,145 Legal Entity Address: 10065 EAST HARVARD AVENUE SUITE 600 City: DENVER State: CO Zip: 80231	Contact Title: Name: Customer Service Phone: 1-303-751-2657 Extension: Fax: Email: Customer.Service@coaccess.com Address: 10065 E. Harvard Ave Suite 600 City: Denver State: CO Zip: 80231 Last Updated: 09/09/2010
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Contract Number: H0623
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 8,147 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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Contract Number: H0624
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« by 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: 2,238 Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H0630 Legal Entity Name: KAISER FOUNDATION HP OF CO Organization Marketing Name: Kaiser Permanente Senior Advantage 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: 72,159 Legal Entity Address: 10350 E Dakota Avenue PO Box 378066 City: Denver State: CO Zip: 80247	Contact Title: Name: Member Services Phone: 1-800-632-9700 Extension: Fax: 1-303-338-3444 Email: colorado.cs@kp.org Address: 2500 S. Havana St. City: Aurora State: CO Zip: 80014 Last Updated: 08/24/2006
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: 729 Legal Entity Address: 700 Main Street, Suite 100 City: Alamosa State: CO Zip: 81101	Contact Title: Compliance Analyst Name: April Gonzales Phone: 1-719-589-3696 Extension: Fax: 1-719-589-4901 Email: agonzales@slvhmo.com Address: 700 Main Street, Suite 100 City: Alamosa State: CO Zip: 81101 Last Updated: 01/31/2011
Contract Number: H0710 Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY Organization Marketing Name: Evercare« by UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2004 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 3,952 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
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: 3,300 Legal Entity Address: 116 WASHINGTON AVENUE City: NORTH HAVEN State: CT Zip: 06437	Contact Title: Plan Directory Contact Name: Mary L Solomon Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 08/17/2009

Contract Number: H0752
Legal Entity Name: OXFORD HEALTH PLANS (CT), INC.
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1995 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 3,264 Legal Entity Address: 48 MONROE TURNPIKE City: TRUMBULL State: CT Zip: 061115031	Contact Title: Name: Customer Service Phone: 1-888-666-1353 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: 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: 41,338 Legal Entity Address: 48 Monroe Turnpike City: Trumbull State: CT Zip: 061115031	Contact Title: Name: Customer Service Phone: 1-800-711-0646 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 12/17/2010
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Contract Number: H0838
Legal Entity Name: HMO CALIFORNIA
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: 1,819 Legal Entity Address: 1680 EAST HILL STREET Building 3 City: SIGNAL HILL State: CA Zip: 90755	Contact Title: Executive Vice President / Compliance Officer Name: Connie Snyder Phone: 1-562-310-6868 Extension: Fax: 1-562-427-2563 Email: connie_snyder@universalcare.com Address: 1680 East Hill Street Bldg. 3, Floor 3rd City: Signal Hill State: CA Zip: 90755 Last Updated: 11/27/2010
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Contract Number: H0901
Legal Entity Name: AETNA HEALTH INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 199 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: 513 Legal Entity Address: 175 South Third Street, Suite 1200 City: Columbus State: OH Zip: 43215	Contact Title: Compliance Director Name: Nicole Slee Phone: 1-614-220-4900 Extension: 24065 Fax: 1-866-704-3064 Email: nslee@centene.com Address: 175 South Third Street, Suite 1200 City: Columbus State: OH Zip: 43215 Last Updated: 02/24/2011
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Contract Number: H0913
Legal Entity Name: WELLCARE HEALTH PLANS OF NEW JERSEY, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 1,562 Legal Entity Address: P.O. Box 26011 City: Tampa State: FL Zip: 336236011	Contact Title: Plan Directory Contact Name: Mary L Solomon Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 08/17/2009
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Contract Number: 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: Dr. Kiran C. Patel

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 3,877 Legal Entity Address: 140 Stoneridge Drive Suite 480 City: Columbia State: SC Zip: 29201	Contact Title: Name: Jane Young Phone: 1-803-748-4533 Extension: 2223 Fax: Email: AFCOPS@americas1stchoice.com Address: 250 Berryhill Rd Suite 311 City: Columbia State: SC Zip: 29210 Last Updated: 11/12/2010
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Contract Number: H1013
Legal Entity Name: COVENTRY HEALTH PLAN OF FLORIDA, INC
Organization Marketing Name: Coventry Health Plan of Florida
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1987 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 7,103 Legal Entity Address: 1340 Concord Terrace City: Sunrise State: FL Zip: 33323	Contact Title: Name: VISTA Customer Service Phone: 1-281-986-8157 Extension: Fax: Email: noemail@cvty.com Address: 14955 Heathrow Forest Pkwy City: Houston State: TX Zip: 77032 Last Updated: 10/12/2010
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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: 27,564 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: 67,336 Legal Entity Address: 11430 NW 20th Street Suite 300 City: Doral State: FL Zip: 33172	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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Contract Number: H1026
Legal Entity Name: HEALTH OPTIONS, INC
Organization Marketing Name: Health Options, Inc / Blue Cross Blue Shield of FL
Parent Organization: Blue Cross and Blue Shield of Florida

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1986 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 12,747 Legal Entity Address: 4800 Deerwood Campus Parkway Building 100 / 8th Floor City: Jacksonville State: FL Zip: 32246	Contact Title: Manager B - Contact SFI Name: Anne Furnari Phone: 1-800-926-6565 Extension: 17321 Fax: 1-305-640-4173 Email: Anne.Furnari@bcbsfl.com Address: 8400 NW 33rd St Suite 100 City: Miami State: FL Zip: 33122 Last Updated: 04/08/2010
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Contract Number: H1032
Legal Entity Name: WELL CARE OF FLORIDA, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2000 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 59,640 Legal Entity Address: 8735 Henderson Road City: TAMPA State: FL Zip: 33634	Contact Title: Plan Directory Contact Name: Mary L Solomon Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 08/17/2009
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<p>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</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 11/01/1985 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 13,474 Legal Entity Address: 1340 Ridgewood Avenue City: Holly Hill State: FL Zip: 32117</p>	<p>Contact Title: Manager of Government Contracts Name: Christine Bartlett Phone: 1-800-232-0578 Extension: 4050 Fax: 1-386-676-7119 Email: cbartlett@fhcp.com Address: 1340 Ridgewood Avenue City: Holly Hill State: FL Zip: 32117 Last Updated: 04/13/2007</p>
<p>Contract Number: H1036 Legal Entity Name: HUMANA MEDICAL PLAN, INC Organization Marketing Name: Humana Medical Plan, Inc. Parent Organization: Humana Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1986 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 267,473 Legal Entity Address: 3501 SW 160th Avenue City: Miramar State: FL Zip: 33027</p>	<p>Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010</p>
<p>Contract Number: H1043 Legal Entity Name: FLORIDA PACE CENTERS, INC. Organization Marketing Name: Florida Pace Centers, Inc. Parent Organization: Florida PACE Centers, Inc.</p>	
<p>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: 193 Legal Entity Address: MIAMI JEWISH HOME/HOSP. FOR AGED 5200 NORTHEAST SECOND AVENUE City: MIAMI State: FL Zip: 33137</p>	<p>Contact Title: Program Director Name: Karen Wells Phone: 1-305-751-7223 Extension: Fax: 1-305-762-3847 Email: kwells@mjhha.org Address: 5200 NE 2nd Avenue City: Miami State: FL Zip: 33137 Last Updated: 08/23/2006</p>
<p>Contract Number: H1045 Legal Entity Name: PREFERRED CARE PARTNERS INC. Organization Marketing Name: Preferred Care Partners, Inc. Parent Organization: Preferred Care Partners Holding Corp</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2002 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 41,593 Legal Entity Address: 9100 SOUTH DADELAND BLVD. SUITE 1250 City: MIAMI State: FL Zip: 33156</p>	<p>Contact Title: Compliance Director Name: Brenda Lezama Phone: 1-305-670-8440 Extension: 1242 Fax: 1-305-670-4085 Email: blezama@mypreferredcare.com Address: 9100 S. Dadeland Blvd. Suite 1250 City: Miami State: FL Zip: 33156 Last Updated: 03/12/2010</p>

Contract Number: H1076
Legal Entity Name: COVENTRY HEALTH CARE OF FLORIDA, INC
Organization Marketing Name: Coventry Health Care of Florida
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1995 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 3,712 Legal Entity Address: 1340 Concord Terrace City: Sunrise State: FL Zip: 33323	Contact Title: Name: VISTA Customer Service Phone: 1-281-986-8157 Extension: Fax: Email: noemail@cvtly.com Address: 14955 Heathrow Forest Pkwy City: Houston State: TX Zip: 77032 Last Updated: 10/12/2010
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Contract Number: H1080
Legal Entity Name: UNITEDHEALTHCARE OF FLORIDA, INC.
Organization Marketing Name: SecureHorizons by 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: 15,642 Legal Entity Address: 4350 WEST CYPRESS ST. SUITE 908 City: TAMPA State: FL Zip: 33607	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H1099
Legal Entity Name: HEALTH FIRST HEALTH PLANS, INC.
Organization Marketing Name: Health First Medicare Plans
Parent Organization: Health First

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1997 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 23,219 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: fhfpinfo@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: Evercare« by 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: 4,807 Legal Entity Address: 9900 BREN ROAD EAST MN800-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
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Contract Number: H1109
Legal Entity Name: AETNA HEALTH INC.(GEORGIA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 2,785 Legal Entity Address: 11675 Great Oaks Way City: Alpharetta State: GA Zip: 30022	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H1110
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 3,690 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: SecureHorizons by 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: 4,513 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: 8,115 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: Plan Directory Contact Name: Mary L Solomon Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 08/17/2009
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Contract Number: H1170
Legal Entity Name: KAISER FOUNDATION HP OF GA, INC.
Organization Marketing Name: Kaiser Permanente Senior Advantage
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: 16,080 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 City: Atlanta State: GA Zip: 30305 Last Updated: 11/21/2008
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Contract Number: H1200
Legal Entity Name: KAISER FOUNDATION HP, INC.
Organization Marketing Name: Kaiser Permanente Medicare Cost
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 215 Legal Entity Address: 711 KAPIOLANI BLVD City: HONOLULU State: HI Zip: 96813	Contact Title: Name: Customer Service Phone: 1-800-805-2739 Extension: Fax: 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: 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: 1,282 Legal Entity Address: 23 Public Square Suite 400 City: Belleville State: IL Zip: 62220	Contact Title: Plan Directory Contact Name: Mary L Solomon Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 08/17/2009
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Contract Number: H1230
Legal Entity Name: KAISER FOUNDATION HP, INC.
Organization Marketing Name: Kaiser Permanente Senior Advantage
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: 25,061 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: Life St. Francis	
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: 112 Legal Entity Address: 1435 Liberty St. City: Hamilton State: NJ Zip: 08629	Contact Title: Name: Jill Ann Viggiano Phone: 1-609-475-4701 Extension: Fax: 1-609-475-4661 Email: jviggiano@stfrancismedical.org Address: 1435 Liberty St. City: Hamilton State: NJ Zip: 08629 Last Updated: 03/18/2009
Contract Number: H1251 Legal Entity Name: HAWAII MEDICAL SERVICE ASSOCIATION (HMSA) Organization Marketing Name: HMSA's 65C Plus Parent Organization: Hawaii Medical Service Association	
Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1998 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 14,389 Legal Entity Address: 10 - GA 818 Keeaumoku St City: Honolulu State: HI Zip: 96814	Contact Title: Manager Name: Kevin Unger Phone: 1-800-790-4672 Extension: Fax: Email: kevin_unger@hmsa.com Address: 534 - CR 818 Keeaumoku St City: Honolulu State: HI Zip: 96814 Last Updated: 02/07/2009
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: 6,885 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: Plan Directory Contact Name: Mary L Solomon Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 08/17/2009
Contract Number: H1286 Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY Organization Marketing Name: SecureHorizons by 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: 12,167 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

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: 823 Legal Entity Address: 290 Elwood Davis Road, Suite 225 City: Liverpool State: NY Zip: 13088	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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Contract Number: H1302
Legal Entity Name: BLUE CROSS OF IDAHO HLTH SERVICES INC
Organization Marketing Name: Blue Cross of Idaho
Parent Organization: Blue Cross of Idaho Health Services, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 12,089 Legal Entity Address: 3000 E Pine Ave City: MERIDIAN State: ID Zip: 83642	Contact Title: Mgr Customer Advocates Name: Sheri Core Phone: 1-888-494-2583 Extension: Fax: 1-208-387-6811 Email: score@bcidaho.com Address: 3000 E. Pine Ave. City: Meridian State: ID Zip: 83642 Last Updated: 01/07/2011
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Contract Number: H1303
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by 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: 9,441 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: The Regence Group

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: 4,560 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: ContraCare
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: 94 Legal Entity Address: 200 W. Michigan Avenue Suite 103 City: Battle Creek State: MI Zip: 49017	Contact Title: Executive Director Name: Rod Auton Phone: 1-269-441-9300 Extension: Fax: 1-269-441-9329 Email: r.auton@mycentracare.com Address: 200 West Michigan Suite 103 City: Battle Creek State: MI Zip: 49017 Last Updated: 05/12/2010
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Contract Number: H1350
Legal Entity Name: BLUE CROSS OF IDAHO HEALTH SERVICES, INC
Organization Marketing Name: Blue Cross of Idaho
Parent Organization: Blue Cross of Idaho Health Services, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 20,425 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: H1355
Legal Entity Name: BRAVO HEALTH INSURANCE COMPANY, INC.
Organization Marketing Name: Bravo Health
Parent Organization: HealthSpring, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 441 Legal Entity Address: 3601 O'Donnell Street City: Baltimore State: MD Zip: 21224	Contact Title: Name: Customer Service Phone: 1-800-556-4566 Extension: Fax: Email: memberservices@bravohealth.com Address: 3601 O'Donnell Street City: Baltimore State: MD Zip: 21224 Last Updated: 03/06/2008
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Contract Number: H1365
Legal Entity Name: MARTIN'S POINT GENERATIONS, LLC
Organization Marketing Name: Martin's Point Generations Advantage
Parent Organization: Martin's Point Health Care, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 1,318 Legal Entity Address: PO Box 9746 331 Veranda St. City: Portland State: ME Zip: 04104	Contact Title: Name: Marketing Representative Phone: 1-888-640-4423 Extension: Fax: Email: gainfo@martinspoint.org Address: P. O. Box 9746 891 Washington Avenue City: Portland State: ME Zip: 04104 Last Updated: 02/11/2009
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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: 30,730 Legal Entity Address: 321 West Main Street, 12th Floor City: Louisville State: KY Zip: 40202	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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Contract Number: H1415
Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC.
Organization Marketing Name: HealthSpring, Inc.
Parent Organization: HealthSpring, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 11,454 Legal Entity Address: 9701 W Higgins Road SUITE 360 City: Rosemont State: IL Zip: 60018	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-832-553-3300 Extension: 3379 Fax: Email: Wendy.Wetzel@healthspring.com Address: 2900 North Loop West Suite1300 City: Houston State: TX Zip: 77092 Last Updated: 02/25/2010
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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: 10,037 Legal Entity Address: 125 SOUTH WACKER DRIVE SUITE 2600 City: CHICAGO State: IL Zip: 606064402	Contact Title: Plan Directory Contact Name: Mary L Solomon Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 08/17/2009
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Contract Number: H1417
Legal Entity Name: HEALTH ALLIANCE MEDICAL PLANS
Organization Marketing Name: Health Alliance Medical Plans
Parent Organization: Health Alliance Medical Plans

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 05/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 5,113 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: 10,008 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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Contract Number: H1419
Legal Entity Name: AETNA HEALTH, INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 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: 08/23/2006
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Contract Number: H1463
Legal Entity Name: HEALTH ALLIANCE MEDICAL PLANS
Organization Marketing Name: Health Alliance Medical Plans
Parent Organization: Health Alliance Medical Plans

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1997 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 6,084 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: 4,226 Legal Entity Address: 7915 N. Hale Avenue Suite D City: Peoria State: IL Zip: 61615	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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Contract Number: H1509
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by 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: 181,445 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: 23,167 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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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: 4,610 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 06/22/2010
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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 BUFFALO

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: 46 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: H1558
Legal Entity Name: WELBORN HEALTH PLAN
Organization Marketing Name: Welborn Health Plans
Parent Organization: Neighborhood Health Providers, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 11/01/1997 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 299 Legal Entity Address: 101 S.E. Third Street City: EVANSVILLE State: IN Zip: 47708	Contact Title: Director of Senior Products Name: David Marx Phone: 1-800-521-0265 Extension: Fax: 1-716-541-6365 Email: marxd@welbornhealthplans.com Address: 101 SE Third St City: Evansville State: IN Zip: 47708 Last Updated: 01/26/2010
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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: 717 Legal Entity Address: 2050 S. Linden Rd. City: Flint State: MI Zip: 48532	Contact Title: Director, Customer Service Name: Jeannine Lemonds Phone: 1-810-332-9161 Extension: Fax: 1-810-496-8440 Email: jlemonds@healthplus.org Address: 2050 S. Linden Road City: Flint State: MI Zip: 48532 Last Updated: 01/27/2011
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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: 4,221 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 06/22/2010
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Contract Number: H1608
Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY
Organization Marketing Name: Coventry Health Care
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 5,204 Legal Entity Address: 4320 114th Street City: Urbandale State: IA Zip: 50322	Contact Title: VP of Medicare Name: Richard Sloma Phone: 1-866-901-4692 Extension: Fax: Email: msloma@cvtv.com Address: 4320 114th St City: Urbandale State: IA Zip: 50322 Last Updated: 10/25/2010
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Contract Number: H1609
Legal Entity Name: COVENTRY HEALTH CARE OF IOWA, INC.
Organization Marketing Name: Coventry Health Care
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 3,405 Legal Entity Address: 4320 114th Street City: Urbandale State: IA Zip: 50322	Contact Title: VP of Medicare Name: Richard Sloma Phone: 1-866-901-4692 Extension: Fax: Email: msloma@cvtly.com Address: 4320 114th St City: Urbandale State: IA Zip: 50322 Last Updated: 10/25/2010
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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

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 02/01/1996 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 8,825 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: H1657
Legal Entity Name: HARMONY HEALTH PLANS 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: 621 Legal Entity Address: 8735 Henderson Rd., Ren 2 City: Tampa State: FL Zip: 33634	Contact Title: Plan Directory Contact Name: Mary L Solomon Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 08/17/2009
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Contract Number: 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: 187 Legal Entity Address: 1937 Thomson Drive City: Lynchburg State: VA Zip: 24501	Contact Title: Director, Marketing and Communications Name: Cheryl Midkiff Phone: 1-434-947-4463 Extension: 216 Fax: Email: cmidkiff@pchp.net Address: 1937 Thomson Drive City: Lynchburg State: VA Zip: 24501 Last Updated: 02/18/2010
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Contract Number: H1681
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 7,599 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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Contract Number: H1689
Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC.
Organization Marketing Name: Anthem Insurance Companies, Inc.
Parent Organization: WellPoint, Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 14,983 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/06/2009
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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: 185 Legal Entity Address: 2622 W. Central - Suite 101 City: WICHITA State: KS Zip: 67203	Contact Title: RN/Center Manager Name: Chris Loney Phone: 1-316-946-5108 Extension: Fax: 1-316-946-5103 Email: Chris.Loney@viachristi.org Address: 2622 W Central, Suite 101 City: Wichita State: KS Zip: 67203 Last Updated: 05/13/2010
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Contract Number: H1716
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 12,864 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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Contract Number: H1717
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by 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: 2,204 Legal Entity Address: 9900 BREN ROAD E. MN008-T500 City: MINNETONKA State: KS Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H1777
Legal Entity Name: CATHOLIC SPECIAL NEEDS PLAN, LLC
Organization Marketing Name: ArchCare Advantage,HMO
Parent Organization: Catholic Health Care System, 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: New York Enrollment: 889 Legal Entity Address: 155 E. 56th Street 2nd. Floor City: New York State: NY Zip: 10022	Contact Title: Director of Regulatory Affairs Name: Barbara Mukuka Phone: 1-917-484-5055 Extension: Fax: 1-646-794-1401 Email: bmukuka@archcare.org Address: 155 E 56 ST, 2ND FLOOR City: New York State: NY Zip: 10022 Last Updated: 09/09/2010
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Contract Number: H1804
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: 01/01/2003 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 166 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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Contract Number: H1806
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 15,189 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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Contract Number: H1807
Legal Entity Name: UNIVERSITY HEALTH CARE, INC.
Organization Marketing Name: Passport Advantage
Parent Organization: University Health Care, 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: Atlanta Enrollment: 9,792 Legal Entity Address: 305 WEST BROADWAY THIRD FLOOR City: LOUISVILLE State: KY Zip: 40202	Contact Title: Name: PAD Member Services Phone: 1-800-578-0603 Extension: Fax: Email: pad.info@amerihealthmercy.org Address: 305 West Broadway 3rd Floor City: Louisville State: KY Zip: 40202 Last Updated: 08/24/2006
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Contract Number: H1837
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: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 6,942 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: 08/24/2009
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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: 690 Legal Entity Address: 6150 E. Broad St. EE320 City: Columbus State: OH Zip: 43213	Contact Title: Provider Relations Call Center Name: Provider Call Center Phone: 1-800-991-9907 Extension: Fax: 1-614-546-4269 Email: mdennis2@mchs.com Address: 6150 E. Broad St, EE320 City: Columbus State: OH Zip: 43213 Last Updated: 02/28/2008
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Contract Number: H1849
Legal Entity Name: ANTHEM HEALTH PLANS OF KENTUCKY, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1998 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 9,245 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 06/22/2010
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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: 3,715 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: Plan Directory Contact Name: Mary L Solomon Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 08/17/2009
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Contract Number: H1904
Legal Entity Name: PACE GREATER NEW ORLEANS
Organization Marketing Name: Pace Greater New Orleans
Parent Organization: PACE GREATER 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: 115 Legal Entity Address: 4201 N. Rampart Street City: NEW ORLEANS State: LA Zip: 70117	Contact Title: Internal Control Manager Name: Chantell H Reed Phone: 1-504-945-1531 Extension: Fax: Email: charmon@ccano.org Address: 4201 N RAMPART ST City: NEW ORLEANS State: LA Zip: 70117 Last Updated: 02/11/2011
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Contract Number: H1906
Legal Entity Name: HUMANA HEALTH BENEFIT PLAN OF LA, INC.
Organization Marketing Name: Humana Health Benefit Plan of LA, Inc.
Parent Organization: Humana Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 05/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 3,566 Legal Entity Address: 1 Galleria Boulevard., Suite 850 City: Metairie State: LA Zip: 70001	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 12/21/2010
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Contract Number: H1944
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by 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: 4,932 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: 81,435 Legal Entity Address: 1 Galleria Boulevard., Suite 850 City: Metairie State: LA Zip: 70001	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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Contract Number: H1961
Legal Entity Name: PEOPLES HEALTH, INC.
Organization Marketing Name: Peoples Health
Parent Organization: New Orleans Reg Physician Hosp Organization, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1997 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 46,742 Legal Entity Address: Three Lakeway Center 3838 N Causeway Blvd., Suite 2200 City: Metairie State: LA Zip: 70002	Contact Title: Director Provider Relations Name: Meghan Courtney Phone: 1-504-849-4500 Extension: 8812 Fax: 1-504-849-6916 Email: meghan.courtney@peopleshealth.com Address: Three Lakeway Center 3838 N Causeway Blvd, Suite 2200 City: Metairie State: LA Zip: 70002 Last Updated: 02/21/2011
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Contract Number: H2001
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by 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: 3,450 Legal Entity Address: 9900 Bren Road E City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2012
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 25,055 Legal Entity Address: 321 West Main Street, 12th Floor City: Louisville State: KY Zip: 40202	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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Contract Number: H2029
Legal Entity Name: HUMANA INSURANCE OF PUERTO RICO, INC.
Organization Marketing Name: Humana Insurance of Puerto Rico, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 3,595 Legal Entity Address: 383 F.D. Roosevelt Avenue 3rd Floor City: San Juan State: PR Zip: 00918	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/06/2010
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Contract Number: H2034
Legal Entity Name: COMMUNITY CARE HEALTH PLAN, INC.
Organization Marketing Name: Community Care
Parent Organization: Community Care, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 178 Legal Entity Address: 1555 S Layton Blvd City: Milwaukee State: WI Zip: 53215	Contact Title: Name: Provider Hotline Phone: 1-866-937-2783 Extension: Fax: Email: claimsinquiries@communitycareinc.org Address: 1801 Dolphin Drive City: Waukesha State: WI Zip: 53186 Last Updated: 02/17/2010
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Contract Number: H2063
Legal Entity Name: BILLINGS CLINIC
Organization Marketing Name: Billings Clinic PACE
Parent Organization: Billings Clinic

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 10/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 47 Legal Entity Address: 3155 Avenue C City: Billings State: MT Zip: 59102	Contact Title: Director Name: Anne Gonzalez Phone: 1-406-247-6320 Extension: Fax: 1-406-247-6318 Email: agonzalez@billingsclinic.org Address: 3155 Avenue C City: Billings State: MT Zip: 59012 Last Updated: 05/07/2009
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Contract Number: H2064
Legal Entity Name: GEISINGER COMMUNITY HEALTH SERVICES
Organization Marketing Name: LIFE Geisinger
Parent Organization: Geisinger Health System

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 06/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 163 Legal Entity Address: 100 North Academy Avenue MC 60-65 City: Danville State: PA Zip: 178226065	Contact Title: Director, LIFE Geisinger Name: Amy L Minnich Phone: 1-570-214-9790 Extension: Fax: 1-570-214-9791 Email: aminnich@geisinger.edu Address: 100 North Academy Avenue MC 24-12 City: Danville State: PA Zip: 17822-2412 Last Updated: 09/18/2009
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Contract Number: H2108
Legal Entity Name: BRAVO HEALTH MID- ATLANTIC INC.
Organization Marketing Name: Bravo Health
Parent Organization: HealthSpring, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2001 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 20,567 Legal Entity Address: 3601 O'Donnell Street City: BALTIMORE State: MD Zip: 21224	Contact Title: Name: Customer Service Phone: 1-800-556-1570 Extension: Fax: 1-410-864-4459 Email: memberservices@bravohealth.com Address: 3601 O'Donnell Street City: Baltimore State: MD Zip: 21224 Last Updated: 08/23/2007
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Contract Number: H2109
Legal Entity Name: JOHNS HOPKINS HEALTH SYSTEM, INC.
Organization Marketing Name: Hopkins ElderPlus
Parent Organization: The Johns Hopkins Health System Corporation

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 137 Legal Entity Address: 4940 EASTERN AVENUE MASON LORD BLDG.,EAST TOWER 1ST FLR City: BALTIMORE State: MD Zip: 21224	Contact Title: Director Name: Karen Armacost Phone: 1-410-550-7044 Extension: Fax: 1-410-550-7045 Email: karmaco1@jhmi.edu Address: 4940 Eastern Avenue, Mason Lord Bldg., East Tower, First Floor City: Baltimore State: MD Zip: 21224 Last Updated: 08/19/2008
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Contract Number: H2111
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« by 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: 2,913 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.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 5,440 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 Medicare Plus
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: 42,935 Legal Entity Address: 2101 EAST JEFFERSON STREET City: ROCKVILLE State: MD Zip: 20852	Contact Title: Member Services Name: Daisy Strickland Phone: 1-888-777-5536 Extension: Fax: 1-301-816-6192 Email: daisy.strickland@kp.org Address: 2101 East Jefferson St, 2nd floor West ATTN: Medicare Unit City: Rockville State: MD Zip: 20852 Last Updated: 11/20/2006
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Contract Number: H2161
Legal Entity Name: UPPER PENINSULA HEALTH PLAN, INC.
Organization Marketing Name: Upper Peninsula Health Plan Plus (HMO SNP)
Parent Organization: UPPER PENINSULA HEALTH PLAN, INC.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: * Legal Entity Address: 228 W. Washington Street City: Marquette State: MI Zip: 49855	Contact Title: Medicare Coordinator Name: Tiffany Kollar Phone: 1-906-225-7974 Extension: Fax: 1-906-225-7690 Email: tkkollar@uphp.com Address: UPHP 228 W. Washington Street City: Marquette State: MI Zip: 49855 Last Updated: 02/14/2011
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Contract Number: H2165
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
Organization Marketing Name: HealthSpring Life & Health
Parent Organization: HealthSpring, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 1,055 Legal Entity Address: 2900 NORTH LOOP WEST SUITE 300 City: HOUSTON State: TX Zip: 77092	Contact Title: Vice President of Customer Service Name: Wendy Wetzel Phone: 1-832-553-3300 Extension: 3379 Fax: Email: wendy.wetzel@healthspring.com Address: 2900 North Loop West Suite 1300 City: Houston State: TX Zip: 77092 Last Updated: 02/25/2010
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Contract Number: H2169
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: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 65 Legal Entity Address: One Chatham Center 112 Washington Place City: Pittsburgh State: PA Zip: 15219	Contact Title: Medicare Hotline Name: UPMC Health Plan Phone: 1-877-381-3765 Extension: Fax: Email: upmchp@upmc.edu Address: 112 Washington Place City: Pittsburgh State: PA Zip: 15219 Last Updated: 01/31/2008
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Contract Number: H2174
Legal Entity Name: TRILLIUM COMMUNITY HEALTH PLAN
Organization Marketing Name: Trillium Advantage
Parent Organization: Trillium Community Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 3,119 Legal Entity Address: 1800 Millrace Drive City: Eugene State: OR Zip: 97403	Contact Title: Medicare Director Name: Shannon Conley Phone: 1-541-485-2155 Extension: Fax: 1-541-984-5685 Email: sconley@trilliumchp.com Address: 1800 Millrace Drive City: Eugene State: OR Zip: 97403 Last Updated: 09/23/2009
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Contract Number: H2182
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 15,374 Legal Entity Address: c/o UnitedHealth Group/Ovations, 9900 Bren Rd East, Mail Rout MN008-W840 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2218
Legal Entity Name: HARBOR HEALTH SERVICES
Organization Marketing Name: Elder Service Plan of Harbor Health Services, Inc
Parent Organization: Harbor Health Services, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 367 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: Fallon Community Health Plan - Summit ElderCare
Parent Organization: Fallon Community Health Plan

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 760 Legal Entity Address: 10 CHESTNUT STREET City: WORCESTER State: MA Zip: 01608	Contact Title: Director of Operations, Summit ElderCare Name: Anne Peepas, RN Phone: 1-508-368-9861 Extension: Fax: Email: Anne.Peepas@summiteldercare.org Address: Two Chestnut Place 10 Chestnut Street City: Worcester State: MA Zip: 01608 Last Updated: 02/16/2011
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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: 178 Legal Entity Address: 500 Columbia Road Mail Stop 1140-08 City: DORCHESTER State: MA Zip: 02125	Contact Title: Director of Operations Name: Jagdeep Trivedi Phone: 1-617-288-0970 Extension: 11 Fax: 1-617-474-0757 Email: jtrivedi@partners.org Address: 1140 Dorchester Ave. City: Dorchester State: MA Zip: 02125 Last Updated: 04/16/2008
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Contract Number: H2221
Legal Entity Name: ELDER SRVC PLN/CAMBRIDGE HEALTH ALLIANCE
Organization Marketing Name: Elder Svc Pln/Cambridge Health Alliance
Parent Organization: Cambridge Health Alliance

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 204 Legal Entity Address: 270 GREEN STREET City: CAMBRIDGE State: MA Zip: 02139	Contact Title: Financial Analyst II 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: 03/24/2010
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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: 695 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: 281 Legal Entity Address: 10 GOVE STREET City: EAST BOSTON State: MA Zip: 02128	Contact Title: Marketing Director Name: Pamela Pattavina Phone: 1-617-569-5800 Extension: Fax: Email: pattavip@EBNHC.ORG Address: 10 Gove St City: East Boston State: MA Zip: 02128 Last Updated: 11/09/2006
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Contract Number: H2224
Legal Entity Name: SENIOR WHOLE HEALTH, LLC
Organization Marketing Name: Senior Whole Health
Parent Organization: Senior Whole Health, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2004 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 6,597 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: 2,837 Legal Entity Address: 30 WINTER STREET City: BOSTON State: MA Zip: 02108	Contact Title: Regulatory Affairs and Compliance Manager Name: Gina Ciaramitaro Phone: 1-617-426-0600 Extension: 300 Fax: Email: gciaramitaro@commonwealthcare.org Address: 30 Winter Street City: Boston State: MA Zip: 02108 Last Updated: 02/17/2011
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Contract Number: H2226
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« by UnitedHealthcare
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: 4,953 Legal Entity Address: 9900 BREN ROAD EAST City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2228
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« by 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: 2,834 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: BLUE CROSS AND BLUE SHIELD OF MA 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: 14,569 Legal Entity Address: LANDMARK CENTER, 401 PARK DRIVE City: BOSTON State: MA Zip: 022153326	Contact Title: Name: Member Services Phone: 1-800-200-4255 Extension: Fax: Email: governmentprograms@bcbsma.com Address: 25 Technology Place Mailstop 03-02 City: Hingham State: MA Zip: 02043-4359 Last Updated: 06/10/2010
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Contract Number: H2237
Legal Entity Name: INDEPENDENT CARE HEALTH PLAN, INC.
Organization Marketing Name: iCare
Parent Organization: Independent Care Health Plan Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 4,193 Legal Entity Address: 1555 North River Center Drive Suite 206 City: Milwaukee State: WI Zip: 53212	Contact Title: Name: Customer Service Phone: 1-414-223-4847 Extension: Fax: Email: info@icare-wi.org Address: 1555 N Rivercenter Drive Suite 206 City: Milwaukee State: WI Zip: 53212 Last Updated: 01/19/2010
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Contract Number: H2241
Legal Entity Name: GOLDEN STATE MEDICARE HEALTH PLAN
Organization Marketing Name: Golden State Medicare Health Plan, Golden (HMO)
Parent Organization: Golden State Medicare Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 612 Legal Entity Address: 3010 Old Ranch Pkwy Suite 260 City: Seal Beach State: CA Zip: 90740	Contact Title: Name: Customer Service Phone: 1-877-541-4111 Extension: Fax: 1-562-799-0507 Email: customer.service@gsmhp.com Address: 3010 Old Ranch Pkwy Suite 260 City: Seal Beach State: CA Zip: 90740 Last Updated: 03/03/2010
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Contract Number: H2256
Legal Entity Name: TUFTS ASSOCIATED HMO, INC.
Organization Marketing Name: Tufts Health Plan Medicare Preferred
Parent Organization: TAHMO, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1994 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 88,268 Legal Entity Address: 705 Mt Auburn Street City: Watertown State: MA Zip: 02472	Contact Title: Tufts MP Marketing Communications Manager Name: Dana Cutter Phone: 1-617-972-9400 Extension: 2759 Fax: Email: dana_cutter@tufts-health.com Address: 705 Mt Auburn St City: Watertown State: MA Zip: 02472 Last Updated: 07/15/2009
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Contract Number: H2261
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF MA 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: 13,868 Legal Entity Address: 401 PARK DRIVE City: BOSTON State: MA Zip: 02215	Contact Title: Name: Member Services Phone: 1-800-200-4255 Extension: Fax: Email: governmentprograms@bcbsma.com Address: 25 Technology Place Mailstop 03-02 City: Hingham State: MA Zip: 02043-4359 Last Updated: 06/10/2010
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Contract Number: H2312
Legal Entity Name: HEALTH ALLIANCE PLAN OF MICHIGAN
Organization Marketing Name: HAP Senior Plus
Parent Organization: Health Alliance Plan (HAP)

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 38,529 Legal Entity Address: 2850 W. GRAND BLVD. City: DETROIT State: MI Zip: 48202	Contact Title: Coach/Manager Tech Planning Name: Cindy Hoffman Phone: 1-248-443-7511 Extension: Fax: Email: choffma1@hap.org Address: 2850 W. Grand Blvd. City: Detroit State: MI Zip: 48202 Last Updated: 08/17/2006
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Contract Number: H2318
Legal Entity Name: HENRY FORD HEALTH SYSTEM
Organization Marketing Name: Henry Ford Health System
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: 207 Legal Entity Address: 7800 W. OUTER DRIVE, SUITE 240 City: DETROIT State: MI Zip: 48235	Contact Title: Center Manager Name: Linda McCarver Phone: 1-313-653-2020 Extension: Fax: 1-313-653-2022 Email: lmccarv1@hfhs.org Address: 7800 W Outer Drive Suite 240 City: Detroit State: MI Zip: 48235 Last Updated: 08/17/2009
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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: Boston Enrollment: 51,739 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, CO
Organization Marketing Name: Alliance Medicare PPO
Parent Organization: Health Alliance Plan (HAP)

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 3,815 Legal Entity Address: 2850 WEST GRAND BLVD. City: Detroit State: MI Zip: 48202	Contact Title: Coach/Manager Tech Planning Name: Cindy Hoffman Phone: 1-248-443-7511 Extension: Fax: Email: choffma1@hap.org Address: 2850 W. Grand Blvd. City: Detroit State: MI Zip: 48202 Last Updated: 08/17/2006
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Contract Number: H2323
Legal Entity Name: FIDELIS SECURECARE OF MICHIGAN
Organization Marketing Name: Fidelis SecureCare Of Michigan
Parent Organization: Fidelis SecureCare

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 798 Legal Entity Address: 38777 WEST SIX MILE ROAD Suite 207 City: LIVONIA State: MI Zip: 48152	Contact Title: Manager - Customer Services-Production Name: Ronald Rome Phone: 1-877-372-8085 Extension: Fax: Email: rrome@tmghealth.com Address: 201 Lackawanna Ave City: Scranton State: PA Zip: 18503 Last Updated: 03/13/2009
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Contract Number: H2354
Legal Entity Name: HEALTHPLUS OF MICHIGAN
Organization Marketing Name: HealthPlus of Michigan
Parent Organization: HealthPlus of Michigan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 14,380 Legal Entity Address: 2050 S. Linden Road P.O. BOX 1700 City: FLINT State: MI Zip: 485011700	Contact Title: Director of Customer Service Name: Jeannine Lemonds Phone: 1-810-332-9161 Extension: Fax: Email: jlemonds@healthplus.org Address: 2050 S. Linden Road City: Flint State: MI Zip: 48532 Last Updated: 11/05/2009
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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: 35 Legal Entity Address: P.O.B. 765 City: Cedar Bluff State: VA Zip: 24609	Contact Title: Fiscal Director Name: Carolyn Counts Phone: 1-276-964-4915 Extension: Fax: 1-276-963-0130 Email: ccounts@aasc.org Address: P.O.B. 765 City: Cedar Bluff State: VA Zip: 24609 Last Updated: 09/08/2010
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Contract Number: H2406 Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY Organization Marketing Name: Evercare« by UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 06/01/2001 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,362 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

Contract Number: H2410 Legal Entity Name: MEDICA HEALTH PLANS Organization Marketing Name: Medica Health Plans Parent Organization: Medica Health Plans	
Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 08/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 348 Legal Entity Address: 401 CARLSON PARKWAY City: MINNETONKA State: MN Zip: 553055387	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: H2411 Legal Entity Name: FALLON COMMUNITY HEALTH PLAN Organization Marketing Name: Fallon Community Health Plan Parent Organization: Fallon Community Health Plan	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 237 Legal Entity Address: 10 CHESTNUT STREET City: WORCESTER State: MA Zip: 01608	Contact Title: Sr. Manager Medicare Programs Name: Lisa Lashbrook Phone: 1-508-368-9539 Extension: Fax: Email: Lisa.Lashbrook@fchp.org Address: One Chestnut Place 10 Chestnut Street City: Worcester State: MA Zip: 01608 Last Updated: 02/16/2011

Contract Number: H2416 Legal Entity Name: PRIMEWEST HEALTH SYSTEM Organization Marketing Name: PrimeWest Health Parent Organization: PrimeWest 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: 2,192 Legal Entity Address: 2209 Jefferson Street Suite 101 City: ALEXANDRIA State: MN Zip: 56308	Contact Title: Director, Marketing & Communications Name: Beth Hendrickson Phone: 1-320-335-5215 Extension: Fax: 1-320-335-5315 Email: beth.hendrickson@primewest.org Address: PrimeWest Health 2209 Jefferson Street, Suite 101 City: Alexandria State: MN Zip: 56308 Last Updated: 10/14/2009

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: 477 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: 1,815 Legal Entity Address: 110 West Fremont Street City: OWATONNA State: MN Zip: 55060	Contact Title: MMSI Name: Provider Services Phone: 1-800-645-6296 Extension: Fax: Email: not.available@mnscha.org Address: PO Box 4014 City: Rochester State: MN Zip: 55903 Last Updated: 07/30/2009
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Contract Number: H2422
Legal Entity Name: HEALTHPARTNERS, INC.
Organization Marketing Name: HealthPartners Classic MN Senior Health Options
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: 2,965 Legal Entity Address: 8100 34TH AVENUE SOUTH City: BLOOMINGTON 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: 04/25/2008
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Contract Number: H2425
Legal Entity Name: BLUE PLUS
Organization Marketing Name: Blue Plus
Parent Organization: Blue Cross and Blue Shield of Minnesota

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 10,258 Legal Entity Address: 3400 Yankee Drive City: Eagan State: MN Zip: 551211627	Contact Title: Name: Customer Service Phone: 1-888-740-6013 Extension: Fax: Email: contact@bluecrossmn.com Address: 3400 Yankee Drive City: Eagan State: MN Zip: 55121 Last Updated: 10/04/2006
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Contract Number: H2450
Legal Entity Name: MEDICA INSURANCE COMPANY
Organization Marketing Name: Medica Insurance Company
Parent Organization: Medica Health Plans

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: 108,804 Legal Entity Address: 401 Carlson Parkway P.O. BOX 9310 City: MINNEAPOLIS State: MN Zip: 554409310	Contact Title: Name: Customer Service Phone: 1-800-234-8755 Extension: Fax: Email: centerforhealthyaging@medica.com Address: 401 Carlson Parkway City: Minnetonka State: MN Zip: 55305 Last Updated: 08/23/2006
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Contract Number: H2456
Legal Entity Name: UCARE MINNESOTA
Organization Marketing Name: UCare
Parent Organization: UCare Minnesota

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 9,144 Legal Entity Address: 500 Stinson Blvd NE City: MINNEAPOLIS State: MN Zip: 55413	Contact Title: State Programs Member Services Supervisor Name: Jaimie Parker Phone: 1-612-676-3456 Extension: Fax: Email: jparker@ucare.org Address: PO Box 52 City: Minneapolis State: MN Zip: 55440 Last Updated: 05/25/2007
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Contract Number: H2457
Legal Entity Name: METROPOLITAN HEALTH PLAN
Organization Marketing Name: Metropolitan Health Plan MSHO
Parent Organization: Metropolitan Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 700 Legal Entity Address: 400 South Fourth Street Suite 201 City: Minneapolis State: MN Zip: 55415	Contact Title: Member Services Manager Name: Fausto Iglesias Phone: 1-877-620-9090 Extension: Fax: 1-612-904-4267 Email: fausto.iglesias@co.hennepin.mn.us Address: 400 South 4th Street Suite 201 City: Minneapolis State: MN Zip: 55415 Last Updated: 02/16/2010
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Contract Number: H2458
Legal Entity Name: MEDICA HEALTH PLANS
Organization Marketing Name: Medica Health Plans
Parent Organization: Medica Health Plans

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: 9,914 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: 81,624 Legal Entity Address: 500 Stinson Boulevard NE City: MINNEAPOLIS State: MN Zip: 55413	Contact Title: State Programs Member Services Supervisor Name: Jaimie Parker Phone: 1-612-676-3456 Extension: Fax: Email: jparker@ucare.org Address: PO Box 52 City: Minneapolis State: MN Zip: 55440 Last Updated: 07/19/2010
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Contract Number: H2461
Legal Entity Name: BLUE CROSS 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: 46,210 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 INC,
Organization Marketing Name: HealthPartners Freedom Plan
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: 40,347 Legal Entity Address: 8170 33rd Avenue South PO Box 1309 City: MINNEAPOLIS State: MN Zip: 554401309	Contact Title: Name: Provider Services Phone: 1-952-883-7699 Extension: Fax: Email: RVSCProviderInquiry@HealthPartners.Com Address: 8170 33rd Avenue South PO Box 1309 City: Minneapolis State: MN Zip: 55440-1309 Last Updated: 04/24/2008
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Contract Number: H2486
Legal Entity Name: HUMANA MEDICAL PLAN OF UTAH, INC.
Organization Marketing Name: Humana Medical Plan of Utah
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: 3,682 Legal Entity Address: 9815 South Monroe Street Suite 300 City: Sandy State: UT Zip: 84070	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H2491
Legal Entity Name: WELLCARE HEALTH INSURANCE OF ARIZONA, INC.
Organization Marketing Name: WellCare
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: 1,134 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: Plan Directory Contact Name: Mary L Solomon Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 08/17/2009
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Contract Number: H2537
Legal Entity Name: LIFE LUTHERAN
Organization Marketing Name: LIFE Lutheran Services, Inc.
Parent Organization: Lutheran Social Services of South Central PA

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 09/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 51 Legal Entity Address: 840 Fifth Avenue City: Chambersburg State: PA Zip: 17201	Contact Title: Executive Director Name: Mary Fredette Phone: 1-717-264-5433 Extension: Fax: 1-717-264-3279 Email: mfredette@lifelutheranservices.org Address: 840 Fifth Avenue City: Chambersburg State: PA Zip: 17201 Last Updated: 10/15/2008
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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: 11,589 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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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: CareMore Medical Enterprises

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 7,248 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: Alexian Brothers Community Services

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: 153 Legal Entity Address: 3900 SOUTH GRAND BOULEVARD City: ST. LOUIS State: MO Zip: 63118	Contact Title: Marketing Director Name: Rebecca Boerner Phone: 1-314-771-5800 Extension: 159 Fax: 1-314-771-7830 Email: rboerner@alexianbrothers.net Address: 3900 S. Grand City: St. Louis State: MO Zip: 63118 Last Updated: 06/14/2007
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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: 30,959 Legal Entity Address: 13900 Riverport Drive City: Maryland Heights State: MO Zip: 63043	Contact Title: Name: Customer Service Phone: 1-314-209-2700 Extension: Fax: 1-314-209-2801 Email: customerservice@essencehealthcare.com Address: 13900 Riverport Drive City: Maryland Heights State: MO Zip: 63043 Last Updated: 01/26/2010
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Contract Number: H2611
Legal Entity Name: MERCY HEALTH PLANS
Organization Marketing Name: Mercy Health Plans
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 12,022 Legal Entity Address: 14528 S.OUTER 40, SUITE 300 City: CHESTERFIELD State: MO Zip: 63017	Contact Title: VP, General Manager, Medicare Name: Roman Kulich Phone: 1-314-506-1856 Extension: Fax: 1-314-819-0051 Email: rtkulich@cvtly.com Address: 550 Maryville Centre Drive, Suite 300 City: St. Louis State: MO Zip: 63141 Last Updated: 02/23/2011
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Contract Number: H2613
Legal Entity Name: HEALTHY ALLIANCE LIFE INSURANCE COMPANY
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 06/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,010 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 07/09/2009
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Contract Number: H2643
Legal Entity Name: L. A. CARE HEALTH PLAN
Organization Marketing Name: L.A. Care Health Plan Medicare Advantage
Parent Organization: L.A. Care Health Plan

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: 1,542 Legal Entity Address: 555 West 5th Street 29th Floor City: Los Angeles State: CA Zip: 90013	Contact Title: Director of Member Services Name: Maribel Ferrer Phone: 1-213-694-1250 Extension: 4250 Fax: 1-213-438-5736 Email: mferrer@lacare.org Address: 555 West 5th Street City: Los Angeles State: CA Zip: 90013 Last Updated: 10/22/2009
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Contract Number: H2649
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1990 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 28,576 Legal Entity Address: 321 West Main Street, 12th Floor City: Louisville State: KY Zip: 40202	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H2654
Legal Entity Name: UNITEDHEALTHCARE OF THE MIDWEST, INC.
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1992 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 44,214 Legal Entity Address: 13655 RIVERPORT DRIVE City: MARYLAND HEIGHTS State: MO Zip: 63043	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2663
Legal Entity Name: GROUP HEALTH PLAN, INC.
Organization Marketing Name: Group Health Plan, Inc.
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 11/01/1995 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 23,637 Legal Entity Address: 550 Maryville Centre Drive Suite 300 City: St. Louis State: MO Zip: 631415818	Contact Title: President Name: Roman Kulich Phone: 1-314-506-1856 Extension: Fax: Email: rtkulich@cvty.com Address: 550 Maryville Centre Drive Suite 300 City: St. Louis State: MO Zip: 63141 Last Updated: 02/15/2011
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Contract Number: H2667
Legal Entity Name: MERCY HEALTH PLANS OF MISSOURI INC.
Organization Marketing Name: Mercy Health Plans of Missouri, Inc.
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1997 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 18,503 Legal Entity Address: 14528 S.OUTER 40 ROAD SUITE 300 City: CHESTERFIELD State: MO Zip: 63017	Contact Title: VP, General Manager, Medicare Name: Roman Kulich Phone: 1-314-506-1856 Extension: Fax: 1-314-819-0051 Email: rtkulich@cvty.com Address: 550 Maryville Centre Drive, Suite 300 City: St. Louis State: MO Zip: 63141 Last Updated: 03/01/2011
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Contract Number: H2672
Legal Entity Name: COVENTRY HEALTH CARE OF KANSAS, INC.
Organization Marketing Name: COVENTRY HEALTH CARE
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1999 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 11,634 Legal Entity Address: 8320 Ward Parkway City: KANSAS CITY State: MO Zip: 64114	Contact Title: Chief Operating Officer Name: Aaron Molitor Phone: 1-800-727-9712 Extension: Fax: Email: asmolitor@cvty.com Address: 8320 Ward Parkway City: Kansas City State: MO Zip: 64114 Last Updated: 10/25/2010
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Contract Number: H2699
Legal Entity Name: LIFE AT HOME, LLC
Organization Marketing Name: Life at Home, LLC
Parent Organization: LIFE AT HOME, LLC

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 07/01/2007 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 100 Legal Entity Address: 101 E State St. City: Kennett Square State: PA Zip: 19348	Contact Title: Finance Director Name: Karen M Wells Phone: 1-610-925-4077 Extension: Fax: 1-610-925-4000 Email: karenm.wells@genesishcc.com Address: 101 East State Street City: Kennett Square State: PA Zip: 19348 Last Updated: 05/01/2008
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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: 9,008 Legal Entity Address: 130 NEILL AVE City: HELENA State: MT Zip: 59601	Contact Title: Director of Government Programs Name: Bonnie Franklin Phone: 1-406-751-3334 Extension: Fax: 1-406-257-2600 Email: bfranklin@nwHP.com Address: 1203 Hwy 2 West, Suite 45 City: Kalispell State: MT Zip: 59901 Last Updated: 12/14/2009
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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 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: 14 Legal Entity Address: 2805 Veterans Memorial Highway, Suite 17 City: Ronkonkoma State: NY Zip: 11779	Contact Title: Compliance Officer Name: Angela Hart Phone: 1-813-574-1640 Extension: 289 Fax: 1-813-961-3154 Email: cdgroup@qualityhealthplans.com Address: 4010 Gunn Highway Suite 220 City: Tampa State: FL Zip: 33618 Last Updated: 09/01/2010
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Contract Number: H2775
Legal Entity Name: AMERICAN PROGRESSIVE LIFE & HEALTH INSURANCE OF NY
Organization Marketing Name: Universal American
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: 12,629 Legal Entity Address: 4888 Loop Central Drive Suite 700 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 06/17/2009
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Contract Number: H2802
Legal Entity Name: UNITEDHEALTHCARE OF THE MIDLANDS, INC.
Organization Marketing Name: SecureHorizons by 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: 3,997 Legal Entity Address: 13655 RIVERPORT DRIVE City: MARYLAND HEIGHTS State: MO Zip: 63043	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2803
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/2003 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 8,125 Legal Entity Address: 9900 Bren Road East MN008-T440 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H2810
Legal Entity Name: GROUP HEALTH OPTIONS
Organization Marketing Name: Group Health Options, Inc.
Parent Organization: Group Health Cooperative

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 3,192	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
Legal Entity Address: 320 Westlake Ave. N. Suite 100 City: Seattle State: WA Zip: 98109	

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: 176	Contact Title: Accounting Manager Name: Michelle Haynes Phone: 1-970-252-0522 Extension: Fax: 1-970-252-0166 Email: mhaynes@voa.org Address: 2377 Robins Way City: Montrose State: CO Zip: 81401 Last Updated: 04/01/2010
Legal Entity Address: 2377 Robins Way City: Montrose State: CO Zip: 81402	

Contract Number: H2816
Legal Entity Name: AMERICAN PROGRESSIVE LIFE & HEALTH INSUR CO OF NY
Organization Marketing Name: Universal American
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: 30,625	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 12/10/2009
Legal Entity Address: 4888 Loop Central Drive Suite 700 City: Houston State: TX Zip: 77081	

Contract Number: H2899
Legal Entity Name: ARCADIAN HEALTH PLAN OF NORTH CAROLINA, INC.
Organization Marketing Name: Southeast Community Care
Parent Organization: Arcadian Management Services Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 3,121	Contact Title: Name: Member Service Phone: 1-800-573-8597 Extension: Fax: Email: memberservice@arcadianhealth.com Address: 500 12th Street Suite 350 City: Oakland State: CA Zip: 94607 Last Updated: 05/25/2010
Legal Entity Address: 500 12th Street, Suite 350 City: Oakland State: CA Zip: 94607	

<p>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.</p>	
<p>Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,382 Legal Entity Address: 2724 N. Tenaya Way City: Las Vegas State: NV Zip: 89128</p>	<p>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</p>
<p>Contract Number: H2906 Legal Entity Name: HOMETOWN HEALTH PLAN Organization Marketing Name: Senior Care Plus Parent Organization: Renown Health</p>	
<p>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: 368 Legal Entity Address: 830 HARVARD WAY City: RENO State: NV Zip: 89502</p>	<p>Contact Title: Customer Services Manager Name: John Osmond Phone: 1-775-982-3102 Extension: Fax: 1-775-982-3741 Email: josmond@hometownhealth.com Address: 830 Harvard Way City: Reno State: NV Zip: 89502 Last Updated: 09/20/2007</p>
<p>Contract Number: H2926 Legal Entity Name: PRIMEWEST HEALTH SYSTEM Organization Marketing Name: PrimeWest Health Parent Organization: PrimeWest Health System</p>	
<p>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: 209 Legal Entity Address: 2209 Jefferson Street Suite 101 City: Alexandria State: MN Zip: 56308</p>	<p>Contact Title: Director, Marketing & Communications Name: Beth Hendrickson Phone: 1-320-335-5215 Extension: Fax: 1-320-335-5315 Email: beth.hendrickson@primewest.org Address: PrimeWest Health 2209 Jefferson Street, Suite 101 City: Alexandria State: MN Zip: 56308 Last Updated: 02/05/2010</p>
<p>Contract Number: H2931 Legal Entity Name: HEALTH PLAN OF NEVADA, INC. Organization Marketing Name: Health Plan of Nevada, Inc. Parent Organization: UnitedHealth Group, Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1985 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 53,688 Legal Entity Address: 2720 NORTH TENAYA WAY P.O. BOX 15645 City: LAS VEGAS State: NV Zip: 891145645</p>	<p>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</p>

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: 133 Legal Entity Address: 560 Seminole Road City: Muskegon State: MI Zip: 49444	Contact Title: Executive Director Name: Robert H Mills Phone: 1-231-733-8686 Extension: Fax: Email: rmills@lifecircles-pace.org Address: 560 Seminole RD City: Muskegon State: MI Zip: 49444 Last Updated: 04/29/2008
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Contract Number: H2941
Legal Entity Name: SENTARA LIFE CARE CORPORATION, INC
Organization Marketing Name: Sentara Senior Community Care
Parent Organization: Sentara Health Care (SHC)

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 141 Legal Entity Address: 665 NEWTOWN ROAD SUITE 121 City: VIRGINIA BEACH State: VA Zip: 23462	Contact Title: Program Director Name: Alverta Robinson Phone: 1-757-892-5400 Extension: Fax: Email: AHROBINS@Sentara.com Address: 251 S. Newtown Road City: Norfolk State: VA Zip: 23502 Last Updated: 10/19/2010
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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: 77,622 Legal Entity Address: 1100 EMPLOYERS BLVD City: DePERE State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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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: 28,518 Legal Entity Address: 321 West Main Street, 12th Floor City: Louisville State: KY Zip: 40202	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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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: 7,221 Legal Entity Address: 830 Harvard Way City: RENO State: NV Zip: 89502	Contact Title: Customer Services Manager Name: John Osmond Phone: 1-775-982-3102 Extension: Fax: 1-775-982-3741 Email: josmond@hometownhealth.com Address: 830 Harvard Way City: Reno State: NV Zip: 89502 Last Updated: 09/20/2007
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Contract Number: H2997
Legal Entity Name: ROCKY MOUNTAIN HOSPITAL AND MEDICAL SERVICES, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 19,716 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 06/22/2010
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Contract Number: H3028
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 1,419 Legal Entity Address: 321 West Main Street, 12th Floor City: Louisville State: KY Zip: 40202	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H3044
Legal Entity Name: NHP OF INDIANA, LLC
Organization Marketing Name: Welborn Health Plans
Parent Organization: Neighborhood Health Providers, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 2,792 Legal Entity Address: c/o Neighborhood Health Providers 521 Fifth Ave, Third Floor City: New York State: NY Zip: 10175	Contact Title: Director of Senior Products Name: David Marx Phone: 1-800-521-0265 Extension: Fax: 1-716-541-6365 Email: marx@welbornhealthplans.com Address: 101 S.E. Third Street City: Evansville State: IN Zip: 47708 Last Updated: 01/26/2010
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Contract Number: H3107 Legal Entity Name: OXFORD HEALTH PLANS (NJ), INC. Organization Marketing Name: SecureHorizons by 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: 39,616 Legal Entity Address: 48 Monroe Turnpike City: Trumbull State: CT Zip: 06611	Contact Title: Name: Customer Service Phone: 1-888-666-1353 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: H3113 Legal Entity Name: OXFORD HEALTH PLANS (NJ), INC. Organization Marketing Name: Evercare« by 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: 402 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

Contract Number: H3132 Legal Entity Name: AHF MCO OF FLORIDA, INC. Organization Marketing Name: POSITIVE HEALTHCARE PARTNERS Parent Organization: AIDS Healthcare Foundation	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 458 Legal Entity Address: 110 SE 6TH ST., STE. 1960 City: FORT LAUDERDALE State: FL Zip: 33301	Contact Title: Director of Member Services & Fulfillment Name: Michael O'Malley Phone: 1-800-263-0067 Extension: Fax: 1-323-436-5034 Email: michael.omalley@aidshealth.org Address: 1001 N. Martel Ave. City: Los Angeles State: CA Zip: 90046 Last Updated: 05/10/2010

Contract Number: H3152 Legal Entity Name: AETNA HEALTH, INC. Organization Marketing Name: Aetna Medicare Parent Organization: Aetna Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/1993 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 39,389 Legal Entity Address: 55 LANE ROAD City: FAIRFIELD State: NJ Zip: 070041098	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 12/11/2007

Contract Number: H3154
Legal Entity Name: HORIZON HEALTHCARE OF NEW JERSEY, INC.
Organization Marketing Name: Horizon Blue Cross Blue Shield of New Jersey, Inc.
Parent Organization: Horizon Blue Cross Blue Shield of New Jersey, 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: 57,479 Legal Entity Address: 3 PENN PLAZA EAST City: NEWARK State: NJ Zip: 07105	Contact Title: Director, Consumer & Senior Markets Name: John Selby Phone: 1-800-224-1234 Extension: Fax: Email: john_selby@horizonblue.com Address: Three Penn Plaza East , PP-09F City: Newark State: NJ Zip: 07105 Last Updated: 09/29/2008
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Contract Number: H3156
Legal Entity Name: AMERIHEALTH HMO_INC
Organization Marketing Name: AmeriHealth 65
Parent Organization: Independence Blue Cross

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1995 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 1,394 Legal Entity Address: 1901 MARKET STRRET 45 TH FLOOR City: PHILADELPHIA State: PA Zip: 19103	Contact Title: Name: Plan Inquiries Phone: 1-800-331-0017 Extension: Fax: Email: Shelly.Wolf@ibx.com Address: 1901 Market Street City: Phila State: PA Zip: 19103 Last Updated: 11/23/2010
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Contract Number: H3164
Legal Entity Name: AMERICHoice OF NEW JERSEY, INC
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1999 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 3,845 Legal Entity Address: Four Gateway Center 4th Floor City: Newark State: NJ Zip: 07102	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 01/03/2011
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Contract Number: H3204
Legal Entity Name: PRESBYTERIAN HEALTH PLAN
Organization Marketing Name: Presbyterian Senior Care (HMO)
Parent Organization: Presbyterian Healthcare Services

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1986 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 22,402 Legal Entity Address: 2501 BUENA VISTA SE P.O. BOX 27489 City: ALBUQUERQUE State: NM Zip: 87106	Contact Title: Medicare Programs Manager Name: Debra Ruth Phone: 1-505-923-6033 Extension: Fax: 1-505-923-6022 Email: druth@phs.org Address: P.O. Box 27489 2501 Buena Vista Pl SE (BV4N) 87106 City: Albuquerque State: NM Zip: 87125-4789 Last Updated: 01/27/2011
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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: 8,992 Legal Entity Address: P.O. BOX 27489 2501 BUENA VISTA, S.E. City: ALBUQUERQUE State: NM Zip: 871257489	Contact Title: Medicare Programs Manager Name: Debra Ruth Phone: 1-505-923-6033 Extension: Fax: 1-505-923-6022 Email: druth@phs.org Address: P.O. Box 27489 2501 Buena Vista Pl SE (BV4N) 87106 City: Albuquerque State: NM Zip: 87125-4789 Last Updated: 01/27/2011
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Contract Number: H3209
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« by UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,176 Legal Entity Address: 9900 BREN ROAD EAST City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3240
Legal Entity Name: AMERIGROUP NEW JERSEY, INC.
Organization Marketing Name: Amerigroup Community Care
Parent Organization: AMERIGROUP Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 2,493 Legal Entity Address: 399 Thornall Street Suite 900 City: Edison State: NJ Zip: 08837	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 Senior 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: 29,488 Legal Entity Address: ALTURA OFFICE COMPLEX 4101 INDIAN SCHOOL RD. NE City: ALBUQUERQUE State: NM Zip: 87110	Contact Title: Medicare Manager Name: Deb Pertain Phone: 1-505-727-5677 Extension: Fax: 1-505-727-5557 Email: deb.pertain@lovelace.com Address: 4101 Indian School Rd NE City: Albuquerque State: NM Zip: 87110 Last Updated: 02/11/2011
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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: 45,268 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: SecureHorizons by UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1991 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 72,525 Legal Entity Address: 48 Monroe Turnpike City: Trumbull State: CT Zip: 06611	Contact Title: Name: Customer Service Phone: 1-888-666-1353 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: H3312
Legal Entity Name: AETNA HEALTH INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1986 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 13,052 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: 860 Legal Entity Address: 7 WEST 34TH STREET City: NEW YORK State: NY Zip: 10001	Contact Title: Manager, Outbound Customer Service Name: Willie Horne Phone: 1-800-447-8255 Extension: Fax: Email: WHorne@EmblemHealth.com Address: 55 Water Street City: New York State: NY Zip: 10041-8190 Last Updated: 11/21/2008
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Contract Number: H3321
Legal Entity Name: INDEPENDENT LIVING SRVCS OF CENTRAL NY
Organization Marketing Name: Independent Living Srvc Of Central Ny
Parent Organization: Loretto Rest Realty Corporation

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 416 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 Senior Care
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: 116 Legal Entity Address: 504 STATE STREET City: SCHENECTADY State: NY Zip: 12305	Contact Title: VP/Director Name: Bernadette Hallam Phone: 1-518-831-6349 Extension: Fax: 1-518-382-3398 Email: hallamb@nehealth.com Address: 504 State Street City: Schenectady State: NY Zip: 12303 Last Updated: 08/21/2006
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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: 16,305 Legal Entity Address: One North Lexington Avenue 12th floor City: White Plains State: NY Zip: 10601	Contact Title: Vice President, Operations Name: Mark Sudock Phone: 1-888-777-0350 Extension: Fax: 1-914-288-1001 Email: msudock@touchstoneh.com Address: One N. Lexington Ave., 12th Floor City: White Plains State: NY Zip: 10601 Last Updated: 06/15/2010
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Contract Number: H3328
Legal Entity Name: NEW YORK STATE CATHOLIC HLTH PLAN INC
Organization Marketing Name: Fidelis Care
Parent Organization: The New York State Catholic Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2004 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 8,610 Legal Entity Address: 95-25 QUEENS BOULEVARD City: REGO PARK State: NY Zip: 11374	Contact Title: Name: Adrian Gardner Phone: 1-800-247-1447 Extension: Fax: Email: agardner@fideliscare.org Address: 95-25 Queens Boulevard City: Rego Park State: NY Zip: 11374 Last Updated: 08/22/2006
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<p>Contract Number: H3329 Legal Entity Name: COMPREHENSIVE CARE MANAGEMENT CORP. Organization Marketing Name: Comprehensive Care Management Corp. Parent Organization: Bethco Corporation</p>	
<p>Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 2,114 Legal Entity Address: 612 ALLERTON AVENUE City: BRONX State: NY Zip: 10467</p>	<p>Contact Title: Name: Felice Liburd Phone: 1-347-640-6170 Extension: Fax: Email: fiburd@bethabe.org Address: 1250 Waters Place Tower 1, Suite 602 City: Bronx State: NY Zip: 10461 Last Updated: 06/25/2010</p>
<p>Contract Number: H3330 Legal Entity Name: HEALTH INSURANCE PLAN OF GREATER NEW YORK Organization Marketing Name: EmblemHealth Medicare HMO Parent Organization: EmblemHealth, Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 115,048 Legal Entity Address: 55 Water Street City: NEW YORK State: NY Zip: 10041</p>	<p>Contact Title: Sr. Dir., Customer Service Name: Charles Mellia Phone: 1-800-447-8255 Extension: Fax: 1-646-447-3071 Email: CMellia@EmblemHealth.com Address: 55 Water Street City: New York State: NY Zip: 10041 Last Updated: 12/13/2010</p>
<p>Contract Number: H3331 Legal Entity Name: INDEPENDENT LIVING FOR SENIORS, INC. Organization Marketing Name: Independent Living For Seniors, Inc. Parent Organization: Rochester General Hospital</p>	
<p>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: 283 Legal Entity Address: 2066 HUDSON AVENUE City: ROCHESTER State: NY Zip: 14617</p>	<p>Contact Title: Name: Tina Farrell-Huber Phone: 1-585-922-2825 Extension: Fax: 1-585-922-2864 Email: CFarrellHuber@rochestergeneral.org Address: 2066 Hudson Avenue City: Rochester State: NY Zip: 14617 Last Updated: 10/16/2008</p>
<p>Contract Number: H3333 Legal Entity Name: AMERICAN PROGRESSIVE LIFE/HLTH INS. Organization Marketing Name: Universal American Parent Organization: Universal American Corp.</p>	
<p>Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 05/01/2004 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 1,967 Legal Entity Address: 4888 Loop Central Drive Suite 700 City: Houston State: TX Zip: 77081</p>	<p>Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 11/19/2009</p>

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: 31,467 Legal Entity Address: 165 Court St. City: Rochester State: NY Zip: 14647	Contact Title: Customer Service Department Name: * Customer Service Phone: 1-866-846-8643 Extension: Fax: Email: customerservice@excellus.com Address: 205 Park Club Lane City: Buffalo State: NY Zip: 14221 Last Updated: 08/23/2010
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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: 4,032 Legal Entity Address: 1 Huntington Quadrangle, Suite 3N01 City: Melville State: NY Zip: 11747	Contact Title: Name: Tobias Germoso Phone: 1-631-227-3415 Extension: Fax: Email: tgermoso@lhany.com Address: One Huntington Quadrangle Suite 3N01 City: Melville State: NY Zip: 11747 Last Updated: 03/19/2009
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Contract Number: H3338
Legal Entity Name: NATIONAL HEALTH PLAN NETWORK INC.
Organization Marketing Name: National HealthPlan Network Inc.
Parent Organization: National Health Plan Network Inc

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 138 Legal Entity Address: 50855 WASHINGTON STREET #222 City: LA Quinta State: CA Zip: 92253	Contact Title: Name: John Raffetto Phone: 1-760-870-4551 Extension: Fax: 1-760-406-5855 Email: john@ambassadorcare.com Address: 50855 Washington Street #222 City: La Quinta State: CA Zip: 92253 Last Updated: 11/23/2010
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Contract Number: H3342
Legal Entity Name: EMPIRE HEALTHCHOICE ASSURANCE, INC.
Organization Marketing Name: Empire BlueCross BlueShield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 45,671 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 06/22/2010
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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: 4,564 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: H3346
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: 09/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 40,919 Legal Entity Address: 220 Alexander St. 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: 08/04/2009
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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: 14,399 Legal Entity Address: 6323 SEVENTH AVENUE City: BROOKLYN State: NY Zip: 112204711	Contact Title: Director of Customer Services Name: Stephen Kahn Phone: 1-718-921-7979 Extension: Fax: 1-718-630-2624 Email: member_services@elderplan.org Address: 6323 Seventh Avenue City: Brooklyn State: NY Zip: 11220 Last Updated: 03/02/2010
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Contract Number: H3351
Legal Entity Name: EXCELLUS HEALTH PLAN, INC.
Organization Marketing Name: Excellus Health Plan, Inc
Parent Organization: Lifetime Healthcare, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1990 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 51,732 Legal Entity Address: 205 PARK CLUB LANE City: Buffalo State: NY Zip: 14221	Contact Title: Customer Service Department Name: * Customer Service Phone: 1-877-883-9577 Extension: Fax: Email: customerservice@excellus.com Address: 205 Park Club Lane City: Buffalo State: NY Zip: 14221 Last Updated: 08/08/2010
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Contract Number: H3356
Legal Entity Name: EXCELLUS HEALTH PLAN, INC.
Organization Marketing Name: Excellus BlueCross BlueShield
Parent Organization: Lifetime Healthcare, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1993 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 2,053 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: 92,894 Legal Entity Address: 25 Broadway, 9th Floor City: New York State: NY Zip: 10004	Contact Title: Healthfirst Medicare Plan Name: Customer Service Phone: 1-888-801-1660 Extension: Fax: Email: webmaster@healthfirst.org Address: 25 Broadway, 9th Floor City: New York State: NY Zip: 10004 Last Updated: 04/09/2008
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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: 19,295 Legal Entity Address: P.O.BOX 1652 City: NEWBURGH State: NY Zip: 12551	Contact Title: Plan Directory Contact Name: Mary L Solomon Phone: 1-888-888-9355 Extension: 3091 Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road City: Tampa State: FL Zip: 33634 Last Updated: 08/17/2009
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Contract Number: 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: 60,010 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: H3366
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: 03/01/1996 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 87 Legal Entity Address: One North Lexington Avenue 12th Floor City: White Plains State: NY Zip: 10601	Contact Title: Vice President, Operations Name: Mark Sudock Phone: 1-888-777-0350 Extension: Fax: 1-914-288-1001 Email: msudock@touchstoneh.com Address: One N. Lexington Ave., 12th Floor City: White Plains State: NY Zip: 10601 Last Updated: 12/03/2010
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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: 64,396 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 06/22/2010
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Contract Number: H3379
Legal Entity Name: UNITEDHEALTHCARE OF NEW YORK, INC.
Organization Marketing Name: SecureHorizons by 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: 7,553 Legal Entity Address: 3803 N ELM ST City: GREENSBORO State: NC Zip: 27455	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3384
Legal Entity Name: HEALTHNOW NEW YORK INC
Organization Marketing Name: BlueCross BlueShield of WNY and BlueShield of NENY
Parent Organization: HealthNow New York Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1998 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 38,346 Legal Entity Address: 257 West Genesee Street City: BUFFALO State: NY Zip: 14202	Contact Title: Manager Name: Linda Warren Phone: 1-518-220-4699 Extension: Fax: Email: Warren.Linda@healthnow.org Address: 30 Century Hill Drive City: Latham State: NY Zip: 12110 Last Updated: 08/11/2009
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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: 3,026 Legal Entity Address: 7 HANOVER SQUARE 5TH FLOOR City: NEW YORK State: NY Zip: 10004	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 01/03/2011
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Contract Number: H3388
Legal Entity Name: CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.
Organization Marketing Name: CDPHP Medicare Choices
Parent Organization: Capital District Physicians' Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 21,752 Legal Entity Address: 500 Patroon Creek Blvd City: ALBANY State: NY Zip: 12206	Contact Title: Manager, Member Services Name: Laura Kordas Phone: 1-518-641-3710 Extension: Fax: Email: lkordas@cdphp.com Address: 500 Patroon Creek Blvd City: Albany State: NY Zip: 12206 Last Updated: 02/01/2008
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Contract Number: H3404
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA
Organization Marketing Name: Blue Cross and Blue Shield of North Carolina
Parent Organization: Blue Cross and Blue Shield of North Carolina

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 8,566 Legal Entity Address: 5660 University Parkway City: WINSTON-SALEM State: NC Zip: 27105	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: 13,704 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H3410
Legal Entity Name: STERLING LIFE INSURANCE COMPANY
Organization Marketing Name: Sterling Life Insurance Company
Parent Organization: Munich American Holding Corporation

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 20,518 Legal Entity Address: 2219 Rimland Drive City: Bellingham State: WA Zip: 98226	Contact Title: Manager, Customer Service Name: Wendi Western Phone: 1-360-392-9073 Extension: Fax: 1-360-392-9100 Email: Wendi.Western@sterlingplans.com Address: 2219 Rimland Drive PO Box 5348 City: Bellingham State: WA Zip: 98227-5348 Last Updated: 02/03/2011
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Contract Number: H3421
Legal Entity Name: AMERICA'S 1ST CHOICE HEALTH PLANS, INC.
Organization Marketing Name: America's 1st Choice Health Plans
Parent Organization: Dr. Kiran C. Patel

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 5,875 Legal Entity Address: 250 Berry Hill Road Suite #311 City: Columbia State: SC Zip: 29210	Contact Title: Name: Jane Young Phone: 1-803-748-4533 Extension: 2223 Fax: Email: AFCOPS@americas1stchoice.com Address: 250 Berryhill Rd Suite 311 City: Columbia State: SC Zip: 29210 Last Updated: 12/17/2010
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Contract Number: H3430
Legal Entity Name: NEIGHBORLY CARE NETWORK, INC.
Organization Marketing Name: Neighborly Care PACE Center
Parent Organization: Neighborly Care Network

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: 147 Legal Entity Address: 13945 Evergreen Avenue City: Clearwater State: FL Zip: 33762	Contact Title: Vice President Admin Chief Financial Officer Name: Michelle M Backlund Phone: 1-727-573-9444 Extension: 4320 Fax: 1-727-572-8214 Email: mbacklund@neighborly.org Address: 13945 Evergreen Avenue City: Clearwater State: FL Zip: 33762 Last Updated: 05/21/2010
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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: 52,897 Legal Entity Address: 5660 University Parkway City: WINSTON-SALEM State: NC Zip: 27105	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: SecureHorizons by 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: 85,164 Legal Entity Address: 3803 N Elm Street City: GREENSBORO State: NC Zip: 27455	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3493
Legal Entity Name: LIFE AT LOURDES, INC.
Organization Marketing Name: LIFE at Lourdes
Parent Organization: Our Lady of Lourdes Health Care Services, Inc.

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: 114 Legal Entity Address: 2475 McClellan Ave., Bldg C City: Pennsauken State: NJ Zip: 08109	Contact Title: Director of Marketing Name: Tangela Thompson Phone: 1-856-675-3674 Extension: Fax: 1-856-675-3659 Email: thompson@lourdesnet.org Address: 2475 McClellan Avenue Building C City: Pennsauken State: NJ Zip: 08109 Last Updated: 06/09/2009
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Contract Number: H3503
Legal Entity Name: HEART OF AMERICA HEALTH PLAN
Organization Marketing Name: Heart of America Health Plan
Parent Organization: Heart of America Health Plan

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1984 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 432 Legal Entity Address: 810 SOUTH MAIN STREET City: RUGBY State: ND Zip: 58368	Contact Title: Marketing Representative Name: Sharon L Pederson Phone: 1-701-776-5848 Extension: 2341 Fax: 1-701-776-5425 Email: spedersonhoahp@gondtc.com Address: 810 So. Main Avenue City: Rugby State: ND Zip: 58368 Last Updated: 10/14/2009
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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: 31,228 Legal Entity Address: 175 Scott Swamp Road City: Farmington State: CT Zip: 06032	Contact Title: Manager, Call Center Support Services Name: Lyndee Gray Phone: 1-877-224-8230 Extension: Fax: Email: LyndGray@connecticare.com Address: 175 Scott Swamp Road City: Farmington State: CT Zip: 06032 Last Updated: 01/04/2010
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Contract Number: H3533
Legal Entity Name: ARCADIAN HEALTH PLAN OF NEW YORK, INC.
Organization Marketing Name: Northeast Community Care
Parent Organization: Arcadian Management Services Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 1,431 Legal Entity Address: 500 12th Street, Suite 350 City: Oakland State: CA Zip: 94607	Contact Title: Name: Member Service Phone: 1-800-573-8597 Extension: Fax: Email: memberservice@arcadianhealth.com Address: 500 12th Street Suite 350 City: Oakland State: CA Zip: 94607 Last Updated: 05/25/2010
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Contract Number: H3597
Legal Entity Name: AETNA HEALTH
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 2,339 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: Concordia Care

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: 147 Legal Entity Address: 2373 EUCLID HEIGHTS BOULEVARD City: CLEVELAND HEIGHTS State: OH Zip: 441062797	Contact Title: CEO Name: Robert Hilton Phone: 1-216-851-8200 Extension: 2058 Fax: Email: rob.hilton@mcgregoramasa.org Address: 2373 Euclid Heights Blvd. City: Cleveland Heights State: OH Zip: 44106 Last Updated: 08/30/2010
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Contract Number: H3614
Legal Entity Name: TRIHEALTH SENIORLINK
Organization Marketing Name: TriHealth SeniorLink
Parent Organization: TriHealth SeniorLink

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: 459 Legal Entity Address: 4750 WESLEY AVENUE SUITE J City: CINCINNATI State: OH Zip: 45212	Contact Title: Director of Seniors Health Name: Brett Kirkpatrick Phone: 1-513-569-6673 Extension: Fax: 1-513-569-6740 Email: Brett_Kirkpatrick@trihealth.com Address: 619 Oak Street City: Cincinnati State: OH Zip: 45206 Last Updated: 07/02/2010
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Contract Number: H3619
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 28,078 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H3620
Legal Entity Name: MCKINLEY LIFE INSURANCE COMPANY
Organization Marketing Name: PrimeTime Health Plan
Parent Organization: McKinley Life Insurance Company

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 2,915 Legal Entity Address: 214 DARTMOUTH AVENUE S.W. City: CANTON State: OH Zip: 44710	Contact Title: Compliance Coordinator Name: Aria Long Phone: 1-330-363-7407 Extension: Fax: 1-330-363-3066 Email: along@aaltcare.com Address: 214 Dartmouth Ave SW City: Canton State: OH Zip: 44710 Last Updated: 01/20/2011
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Contract Number: H3623
Legal Entity Name: AETNA HEALTH, INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 4,551 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: 14,359 Legal Entity Address: 1901 INDIAN WOOD CIRCLE City: Maumee State: OH Zip: 43537	Contact Title: Member Services Dept. Name: Customer Representative Phone: 1-419-887-2525 Extension: Fax: Email: paramounthealthcare@promedica.org Address: 1901 Indian Wood Circle City: Maumee State: OH Zip: 43537 Last Updated: 08/11/2008
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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: 86,392 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: OH Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 06/22/2010
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Contract Number: H3659
Legal Entity Name: UNITEDHEALTHCARE OF OHIO, INC.
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1996 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 80,544 Legal Entity Address: 9200 WORTHINGTON ROAD City: WESTERVILLE State: OH Zip: 430828823	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3660
Legal Entity Name: SUMMACARE INC.
Organization Marketing Name: SummaCare Secure
Parent Organization: Summa Health System

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1996 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 22,853 Legal Entity Address: P. O. Box 3620 10 North Main Steet City: AKRON State: OH Zip: 44308	Contact Title: Director of Marketing Name: Tracie Kinaitis Phone: 1-330-996-8670 Extension: 62168 Fax: 1-330-996-8866 Email: Kinaitist@summacare.com Address: 10 North Main Street City: Akron State: OH Zip: 44308 Last Updated: 12/16/2010
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Contract Number: H3664
Legal Entity Name: MCKINLEY LIFE INSURANCE COMPANY
Organization Marketing Name: PrimeTime Health Plan
Parent Organization: McKinley Life Insurance Company

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 18,656 Legal Entity Address: 2600 SIXTH STREET SW City: CANTON State: OH Zip: 44710	Contact Title: Compliance Coordinator Name: Aria Long Phone: 1-330-363-7407 Extension: Fax: 1-330-363-3066 Email: along@aultcare.com Address: 214 Dartmouth Ave SW City: Canton State: OH Zip: 44710 Last Updated: 01/20/2011
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Contract Number: H3668
Legal Entity Name: MT. CARMEL HEALTH PLAN, INC.
Organization Marketing Name: MediGold
Parent Organization: Trinity Health

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 29,271 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: 4,874 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
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: 6,933 Legal Entity Address: 4888 Loop Central Drive Suite 700 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 11/19/2009
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Contract Number: H3708
Legal Entity Name: SELECTCARE OF OKLAHOMA, INC.
Organization Marketing Name: Universal American
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: 128 Legal Entity Address: 4888 Loop Central Drive Suite 700 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 11/19/2009
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Contract Number: H3749
Legal Entity Name: PACIFICARE OF OKLAHOMA, INC.
Organization Marketing Name: SecureHorizons by 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: 25,931 Legal Entity Address: 7666 E 61ST, #500 City: TULSA State: OK Zip: 74133	Contact Title: Name: Customer Service Phone: 1-888-866-8297 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3755
Legal Entity Name: COMMUNITY CARE HMO, INC
Organization Marketing Name: CommunityCare Senior Health Plan
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: 27,609 Legal Entity Address: 218 W. 6TH STREET City: TULSA State: OK Zip: 74119	Contact Title: Director, Member Services Name: Roxanne King Phone: 1-918-594-5295 Extension: 6801 Fax: 1-918-594-5260 Email: roxannek@ccok.com Address: 218 W 6th Street City: Tulsa State: OK Zip: 74119 Last Updated: 12/14/2010
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Contract Number: H3805
Legal Entity Name: PACIFICARE OF OREGON, INC.
Organization Marketing Name: SecureHorizons by 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: 16,891 Legal Entity Address: 7525 S.E. 24TH STREET City: MERCER ISLAND State: WA Zip: 98040	Contact Title: Name: Customer Service Phone: 1-888-866-8297 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: 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: 888 Legal Entity Address: 4531 SE Belmont Suite: 100 City: PORTLAND State: OR Zip: 97215	Contact Title: Name: Rika Bering Phone: 1-503-215-6556 Extension: Fax: 1-503-215-0685 Email: rika.bering@providence.org Address: 4531 SE Belmont Suite: 100 City: Portland State: OR Zip: 97215 Last Updated: 08/19/2008
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Contract Number: H3810
Legal Entity Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION
Organization Marketing Name: CareSource
Parent Organization: Mid Rogue Community Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2005 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 3,997 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: 5,291 Legal Entity Address: 815 NW 9TH STREET, SUITE 103 3600 NW Samaritan Dr. City: CORVALLIS State: OR Zip: 97330	Contact Title: Marketing Manager Name: Cristie Lynch Phone: 1-541-768-4552 Extension: Fax: 1-541-768-4294 Email: clynch@samhealth.org Address: 815 NW 9th Street Suite 101 City: Corvallis State: OR Zip: 97330 Last Updated: 07/21/2008
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Contract Number: H3812
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by 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: 14,881 Legal Entity Address: 9900 BREN ROAD EAST MN008-T500 City: MINNETONKA State: OR Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3813
Legal Entity Name: ODS HEALTH PLAN, INC.
Organization Marketing Name: ODS Health Plan, Inc.
Parent Organization: Health Services Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 6,074 Legal Entity Address: 601 SW Second Avenue City: Portland State: OR Zip: 97204	Contact Title: ODS Advantage Member Services Name: Member Services Phone: 1-877-299-9062 Extension: Fax: Email: medical@odscompanies.com Address: 601 S.W. Second Ave. City: Portland State: OR Zip: 97204 Last Updated: 05/21/2008
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Contract Number: H3814
Legal Entity Name: ATRIO HEALTH PLANS
Organization Marketing Name: ATRIO Health Plans
Parent Organization: ATRIO Health Plans

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 1,970 Legal Entity Address: 2270 NW Aviation Drive City: ROSEBURG State: OR Zip: 97470	Contact Title: Director of Compliance and Plan Administration Name: Rose Novak Phone: 1-541-672-8620 Extension: 5386 Fax: 1-541-672-8670 Email: rose.novak@atriohp.com Address: 2270 NW Aviation Dr, Suite 3 City: Roseburg State: OR Zip: 97470 Last Updated: 07/22/2010
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Contract Number: H3815
Legal Entity Name: CITIZENS CHOICE HEALTHPLAN
Organization Marketing Name: Citizens Choice Healthplan
Parent Organization: Honored Citizens Choice Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 12,702 Legal Entity Address: 17315 Studebaker Road Suite 200 City: Cerritos State: CA Zip: 90703	Contact Title: Chief Operations Officer Name: Elizabeth Tejada Phone: 1-562-207-4502 Extension: Fax: 1-323-728-8494 Email: etejada@mycchp.com Address: 17315 Studebaker Road Suite 200 City: Cerritos State: CA Zip: 90703 Last Updated: 09/08/2008
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Contract Number: H3817
Legal Entity Name: REGENCE BLUECROSS BLUESHIELD OF OR
Organization Marketing Name: Regence BlueCross BlueShield of Oregon
Parent Organization: The Regence Group

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: 55,594 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: 2,924 Legal Entity Address: 825 NE MULTNOMAH, SUITE 300 City: PORTLAND State: OR Zip: 97232	Contact Title: Pharmacy Manager Name: Amy Szczukowski Phone: 1-503-471-2147 Extension: Fax: 1-503-471-2197 Email: amys@familycareinc.org Address: 825 NE Multnomah, Suite 300 City: Portland State: OR Zip: 97232 Last Updated: 05/05/2010
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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: 1,294 Legal Entity Address: 818 Keeaumoku Street City: Honolulu State: HI Zip: 968142365	Contact Title: Manager Name: Kevin Unger Phone: 1-800-790-4672 Extension: Fax: Email: kevin_unger@hmsa.com Address: 534 - CR 818 Keeaumoku St City: Honolulu State: HI Zip: 96814 Last Updated: 01/13/2010
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Contract Number: H3864
Legal Entity Name: CLEAR ONE HEALTH PLANS, INC.
Organization Marketing Name: Clear One Health Plans
Parent Organization: Clear One Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1999 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 10,552 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: brad.westphal@clearonehp.com Address: 2965 NE Conners Ave. City: Bend State: OR Zip: 97701 Last Updated: 11/04/2009
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Contract Number: H3887
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by 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: 9,952 Legal Entity Address: 9900 Bren Road E MN008-T440 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3907
Legal Entity Name: UNIVERSITY OF PITTSBURGH MEDICAL CENTER
Organization Marketing Name: UPMC Health Plan
Parent Organization: University of Pittsburgh Medical Center

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2001 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 92,630 Legal Entity Address: ONE CHATHAM CENTER 112 WASHINGTON PLACE City: PITTSBURGH State: PA Zip: 15219	Contact Title: Medicare Hotline Name: UPMC Health Plan Phone: 1-877-381-3765 Extension: Fax: Email: upmchp@upmc.edu Address: 112 Washington Place City: Pittsburgh State: PA Zip: 15219 Last Updated: 09/01/2006
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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: 394 Legal Entity Address: 4508 Chestnut Street City: PHILADELPHIA State: PA Zip: 19139	Contact Title: Chief Operating Officer Name: Mary Austin Phone: 1-215-746-7951 Extension: Fax: Email: mmaustin@nursing.upenn.edu Address: 4508 Chestnut Street City: Philadelphia State: PA Zip: 19139 Last Updated: 09/09/2009
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Contract Number: H3909
Legal Entity Name: QCC INSURANCE COMPANY
Organization Marketing Name: Personal Choice 65
Parent Organization: Independence Blue Cross

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 6,026 Legal Entity Address: 1901 MARKET STREET 28TH FLOOR City: PHILADELPHIA State: PA Zip: 191031480	Contact Title: Name: Plan Inquiries Phone: 1-800-331-0017 Extension: Fax: Email: Shelly.Wolf@ibx.com Address: 1901 Market Street City: Phila State: PA Zip: 19103 Last Updated: 11/23/2010
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Contract Number: H3912
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« by 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: 1,975 Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H3916
Legal Entity Name: HIGHMARK, INC.
Organization Marketing Name: Highmark Inc.
Parent Organization: Highmark Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 05/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 165,365 Legal Entity Address: FIFTH AVENUE PLACE - SUITE P5501 120 FIFTH AVENUE City: PITTSBURGH State: PA Zip: 15222	Contact Title: VP, Sr. Products Operations Name: Sally Rich Phone: 1-866-517-8585 Extension: Fax: Email: sally.rich@highmark.com Address: 120 Fifth Avenue Suite P5501 City: Pittsburgh State: PA Zip: 15222 Last Updated: 02/03/2011
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Contract Number: H3917
Legal Entity Name: PITTSBURGH CARE PARTNERSHIP, INC.
Organization Marketing Name: Community LIFE
Parent Organization: Pittsburgh Care Partnership, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2004 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 331 Legal Entity Address: 2400 ARDMORE BOULEVARD, SUITE 700 City: PITTSBURGH State: PA Zip: 15221	Contact Title: OUTREACH COORDINATOR Name: STACI KACZKOWSKI Phone: 1-412-436-1338 Extension: Fax: 1-412-473-6797 Email: kaczkowskiS@upmc.edu Address: SUITE # 700 2400 ARDMORE BOULEVARD City: PITTSBURGH State: PA Zip: 15221 Last Updated: 12/13/2007
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Contract Number: H3918
Legal Entity Name: LIVING INDEPENDENCE FOR THE ELDERLY
Organization Marketing Name: LIFE Pittsburgh
Parent Organization: Living Independence for the Elderly

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 354 Legal Entity Address: 681 Andersen Drive Building 6, Floor 5 City: PITTSBURGH State: PA Zip: 15220	Contact Title: Director of Finance Name: Laura B Schmitt Phone: 1-412-388-8042 Extension: Fax: 1-412-388-8055 Email: lschmitt@lifepittsburgh.org Address: 681 Andersen drive Building 6, Floor 5 City: Pittsburgh State: PA Zip: 15220 Last Updated: 08/02/2010
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Contract Number: H3919
Legal Entity Name: ST. AGNES CONTINUING CARE CENTER
Organization Marketing Name: Mercy LIFE
Parent Organization: St. Agnes Continuing Care Center

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 10/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 335 Legal Entity Address: 1900 South Broad Street City: PHILADELPHIA State: PA Zip: 19145	Contact Title: Account Representative Name: Kim Riddick Phone: 1-215-339-4522 Extension: Fax: Email: kriddick@mercyhealth.org Address: 1900 S. Broad Street City: Philadelphia State: PA Zip: 19145 Last Updated: 06/04/2010
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Contract Number: H3920
Legal Entity Name: UNITEDHEALTHCARE OF PENNSYLVANIA, INC.
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 19,842 Legal Entity Address: 1001 Brinton Road City: Pittsburgh State: PA Zip: 15221	Contact Title: Member Services Name: Unison Unison Phone: 1-800-290-4009 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 300 Oxford Drive City: Monroeville State: PA Zip: 15146 Last Updated: 12/01/2009
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Contract Number: H3921
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by 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: 2,782 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: 13,997 Legal Entity Address: 2500 ELMERTON AVENUE City: HARRISBURG State: PA Zip: 17177	Contact Title: Customer Service Manager Name: Joyce L Hummel Phone: 1-866-987-4213 Extension: Fax: Email: customerservice@seniorblueppo.capbluecross.com Address: 2500 Elmerton Avenue City: Harrisburg State: PA Zip: 17177 Last Updated: 08/03/2010
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Contract Number: H3924
Legal Entity Name: GEISINGER INDEMNITY INSURANCE COMPANY
Organization Marketing Name: Geisinger Gold
Parent Organization: Geisinger Health System

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 9,234 Legal Entity Address: 100 NORTH ACADEMY AVE. City: DANVILLE State: PA Zip: 178223220	Contact Title: Director of Customer Service Name: Renee Blasi Phone: 1-800-498-9731 Extension: 16159 Fax: 1-570-271-5970 Email: rmbiasi@thehealthplan.com Address: 100 North Academy Avenue City: Danville State: PA Zip: 17822-3229 Last Updated: 11/11/2007
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Contract Number: H3925
Legal Entity Name: PENNSYLVANIA PACE, INC.
Organization Marketing Name: Senior LIFE Johnstown
Parent Organization: Pennsylvania PACE, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2007 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 169 Legal Entity Address: 209 Sigma Drive City: Pittsburgh State: PA Zip: 15238	Contact Title: Chief Executive Officer Name: Mark Irwin Phone: 1-814-535-6000 Extension: 101 Fax: 1-814-248-7902 Email: Mirwin@grane.com Address: 401 Broad Street City: Johnstown State: PA Zip: 15906 Last Updated: 02/16/2010
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Contract Number: H3931 Legal Entity Name: AETNA HEALTH INC Organization Marketing Name: Aetna Medicare Parent Organization: Aetna Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 11/01/1985 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 43,170 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

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: 60 Legal Entity Address: 2222 S. 17th St. City: Wilmington State: NC Zip: 28401	Contact Title: CFO / PACE PROGRAM DIRECTOR Name: Larry Reinhart Phone: 1-910-343-8209 Extension: Fax: 1-910-343-8836 Email: larry.reinhart@elderhaus.com Address: 2222 S. 17th St. City: Wilmington State: NC Zip: 28401 Last Updated: 12/29/2010

Contract Number: H3949 Legal Entity Name: BRAVO HEALTH PENNSYLVANIA INC. Organization Marketing Name: Bravo Health Parent Organization: HealthSpring, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1992 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 39,491 Legal Entity Address: 1500 Spring Garden Street, Suite 800 City: PHILADELPHIA State: PA Zip: 19130	Contact Title: Name: Member Services Phone: 1-800-291-0396 Extension: Fax: Email: memberservices@bravohealth.com Address: 3601 O'Donnell Street City: Baltimore State: MD Zip: 21224 Last Updated: 08/23/2007

Contract Number: H3952 Legal Entity Name: KEYSTONE HEALTH PLAN EAST, INC. Organization Marketing Name: Keystone 65 Parent Organization: Independence Blue Cross	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1993 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 78,561 Legal Entity Address: 1901 MARKET STREET 45TH FLOOR City: PHILADELPHIA State: PA Zip: 19103	Contact Title: Name: Plan Inquiries Phone: 1-800-331-0017 Extension: Fax: Email: Shelly.Wolf@ibx.com Address: 1901 Market Street City: Phila State: PA Zip: 19103 Last Updated: 09/06/2007

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: 41,831 Legal Entity Address: 100 NORTH ACADEMY AVENUE City: DANVILLE State: PA Zip: 178223220	Contact Title: Director of Customer Service Name: Renee Blasi Phone: 1-800-498-9731 Extension: 16159 Fax: 1-570-271-5970 Email: rmbiasi@thehealthplan.com Address: 100 North Academy Avenue City: Danville State: PA Zip: 17822-3229 Last Updated: 12/14/2007
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Contract Number: H3957
Legal Entity Name: KEYSTONE HEALTH PLAN WEST, INC.
Organization Marketing Name: Keystone Health Plan West, Inc.
Parent Organization: Highmark Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1995 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 142,930 Legal Entity Address: 120 5TH AVENUE SUITE 3152 City: PITTSBURGH State: PA Zip: 15223099	Contact Title: VP, Sr. Products Operations Name: Sally Rich Phone: 1-866-517-8585 Extension: Fax: Email: sally.rich@highmark.com Address: 120 Fifth Avenue Suite P5501 City: Pittsburgh State: PA Zip: 15222 Last Updated: 01/27/2010
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Contract Number: H3959
Legal Entity Name: HEALTHAMERICA PENNSYLVANIA, INC.
Organization Marketing Name: HealthAmerica
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1996 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 26,718 Legal Entity Address: 11 Stanwix Street City: PITTSBURGH State: PA Zip: 15222	Contact Title: Name: Member Services Phone: 1-800-290-0190 Extension: Fax: Email: MKnight@cvty.com Address: P.O. Box 7087 City: London State: KY Zip: 40742 Last Updated: 02/03/2011
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Contract Number: H3962
Legal Entity Name: KEYSTONE HEALTH PLAN CENTRAL, INC.
Organization Marketing Name: Keystone Health Plan Central, Inc.
Parent Organization: Capital BlueCross

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1996 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 14,617 Legal Entity Address: P.O. Box 779827 City: HARRISBURG State: PA Zip: 171779827	Contact Title: Customer Service Manager Name: Joyce L Hummel Phone: 1-800-779-6962 Extension: Fax: Email: customerservice@seniorblue.capbluecross.com Address: 2500 Elmerston Avenue City: Harrisburg State: PA Zip: 17177 Last Updated: 08/03/2010
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Contract Number: H3964
Legal Entity Name: BRAVO HEALTH PENNSYLVANIA, INC.
Organization Marketing Name: Bravo Health
Parent Organization: HealthSpring, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 28,174 Legal Entity Address: 3601 O'Donnell Street City: Baltimore State: MD Zip: 21224	Contact Title: Name: Member Services Phone: 1-800-291-0396 Extension: Fax: Email: memberservices@bravohealth.com Address: 3601 O'Donnell Street City: Baltimore State: MD Zip: 21224 Last Updated: 09/12/2008
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Contract Number: H4003
Legal Entity Name: MMM HEALTHCARE, INC.
Organization Marketing Name: Medicare y Mucho Más
Parent Organization: Aveta, LLC.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2001 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 145,816 Legal Entity Address: 350 Chardon Ave Suite 500 Torre Chardon City: San Juan State: PR Zip: 009182137	Contact Title: Provider AVP Name: Brenda Rivera Phone: 1-787-622-3000 Extension: 6703 Fax: 1-787-622-0485 Email: brenda.rivera@mmmhc.com Address: 350 Avenida Chardón Torre Chardón, Suite 500 City: San Juan State: PR Zip: 00918 Last Updated: 08/04/2009
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Contract Number: H4004
Legal Entity Name: PREFERRED MEDICARE CHOICE, INC.
Organization Marketing Name: Preferred Medicare Choice, Inc.
Parent Organization: Aveta, LLC.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2004 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 47,675 Legal Entity Address: 350 Chardón Avenue Suite 500, Torre Chardón City: San Juan State: PR Zip: 009182137	Contact Title: Provider AVP Name: Brenda Rivera Phone: 1-787-622-3000 Extension: 6703 Fax: 1-787-622-0485 Email: brenda.rivera@mmmhc.com Address: 350 Avenida Chardón Torre Chardón, Suite 500 City: San Juan State: PR Zip: 00918 Last Updated: 08/04/2009
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Contract Number: H4005
Legal Entity Name: TRIPLE-S SALUD, INC.
Organization Marketing Name: Triple-S Salud, Inc.
Parent Organization: Triple-S Management Corporation

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 36,437 Legal Entity Address: PO BOX 363628 City: SAN JUAN State: PR Zip: 009363628	Contact Title: Customer Service Manager Name: Armando Gonzalez Phone: 1-800-510-0722 Extension: 5471 Fax: Email: armandog@ssspr.com Address: 1441 Franklin D. Roosevelt Ave. City: San Juan State: PR Zip: 00920 Last Updated: 08/25/2008
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Contract Number: H4006
Legal Entity Name: MCS ADVANTAGE INC.
Organization Marketing Name: MCS Classicare
Parent Organization: Medical Card System, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 62,335 Legal Entity Address: MCS PLAZA, SUITE 201 255 PONCE DE LEON AVE. City: SAN JUAN State: PR Zip: 00917	Contact Title: AVP- Compliance Officer Name: Jessica Losa Phone: 1-787-758-2500 Extension: 2369 Fax: 1-787-620-6906 Email: jessical@medicalcardsystem.com Address: MCS Plaza 255 Ponce de Leon Avenue, Second Floor City: San Juan State: PR Zip: 00918 Last Updated: 01/10/2011
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Contract Number: H4007
Legal Entity Name: HUMANA HEALTH PLANS OF PUERTO RICO INC
Organization Marketing Name: Humana Health Plans Of Puerto Rico Inc
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 16,613 Legal Entity Address: 383 F.D. Roosevelt Avenue, 3rd Floor City: San Juan State: PR Zip: 00918	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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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: 14,356 Legal Entity Address: PO BOX 195080 City: SAN JUAN State: PR Zip: 009195080	Contact Title: Compliance Officer Name: Alejandra Echevarria Phone: 1-787-625-9557 Extension: 246 Fax: 1-787-300-3918 Email: a.echevarria@firstpluspr.com Address: P.O. Box 195200 City: San Juan State: PR Zip: 00919 Last Updated: 12/17/2009
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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: 14,589 Legal Entity Address: PO BOX 363628 1441 AVE ROOSEVELT City: SAN JUAN State: PR Zip: 009363628	Contact Title: Customer Service Manager Name: Armando Gonzalez Phone: 1-800-510-0722 Extension: 5471 Fax: Email: armandog@ssspr.com Address: 1441 Franklin D. Roosevelt Ave. City: San Juan State: PR Zip: 00920 Last Updated: 08/25/2008
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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: 8,506 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 06/22/2010
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Contract Number: H4102
Legal Entity Name: UNITEDHEALTHCARE OF NEW ENGLAND, INC.
Organization Marketing Name: SecureHorizons by 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: 18,070 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: 195 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: H4125
Legal Entity Name: ARCADIAN HEALTH PLAN
Organization Marketing Name: Arcadian Health Plan
Parent Organization: Arcadian Management Services Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 1,435 Legal Entity Address: 500 12th Street, Suite 350 City: Oakland State: CA Zip: 94607	Contact Title: Name: Member Service Phone: 1-800-573-8597 Extension: Fax: Email: memberservice@arcadianhealth.com Address: 500 12th Street Suite 350 City: Oakland State: CA Zip: 94607 Last Updated: 05/25/2010
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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: 2,923 Legal Entity Address: 900 Ashwood Parkway, Suite 400 City: Atlanta State: GA Zip: 30338	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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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: 76 Legal Entity Address: 1387 W 4th St. City: Tahlequah State: OK Zip: 74464	Contact Title: Finance Director 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: 03/06/2008
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Contract Number: H4152
Legal Entity Name: BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
Organization Marketing Name: Blue Cross & Blue Shield of Rhode Island
Parent Organization: Blue Cross & Blue Shield of Rhode Island

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 32,173 Legal Entity Address: 500 Exchange St. City: PROVIDENCE State: RI Zip: 029032699	Contact Title: Customer Service Department Name: Customer Service Department Phone: 1-401-277-2958 Extension: Fax: Email: anne.brunson@bcbsri.org Address: 500 Exchange Street City: Providence State: RI Zip: 02903 Last Updated: 02/11/2011
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Contract Number: H4155
Legal Entity Name: PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY
Organization Marketing Name: JMH Health Plan
Parent Organization: Public Health Trust of Miami-Dade County

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 2,460 Legal Entity Address: 155 S. Miami Ave., Suite 110 City: Miami State: FL Zip: 33130	Contact Title: Director Provider Services Name: Jan Crespo Phone: 1-305-575-3700 Extension: Fax: 1-305-355-2257 Email: jan.crespo@jhsiami.org Address: 155 South Miami Avenue, Suite 110 City: Miami State: FL Zip: 33130 Last Updated: 08/24/2010
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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: 311	Contact Title: Administrative Coordinator Intake Name: Shirley Gregg Phone: 1-803-931-8175 Extension: Fax: 1-803-931-8164 Email: shirley.gregg@palmettohealth.org Address: 1308 Laureo Street City: Columbia State: SC Zip: 29201 Last Updated: 08/21/2006
Legal Entity Address: 15 RICHLAND MEDICAL PARK DRIVE SUITE 203 City: COLUMBIA State: SC Zip: 29203	

Contract Number: H4209
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA
Organization Marketing Name: Blue Cross Blue Shield of South Carolina
Parent Organization: BlueCross BlueShield of South Carolina (BCBSSC)

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 20,828	Contact Title: Director - Medicare Advantage Operations Name: Travis Faulds Phone: 1-888-645-6025 Extension: Fax: 1-803-264-9581 Email: Med.Partd@BCBSSC.com Address: PO Box 100191 AX-G07 City: Columbia State: SC Zip: 29202-3191 Last Updated: 09/17/2010
Legal Entity Address: 2501 Faraway Drive City: COLUMBIA State: SC Zip: 29223	

Contract Number: H4213
Legal Entity Name: ARKANSAS BCBS, A MUTUAL INSURANCE COMPANY
Organization Marketing Name: Arkansas Blue Cross - Medi-Pak Advantage
Parent Organization: US Able 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: 12,263	Contact Title: Manager Medicare Operations Name: Delena C Hicks Phone: 1-501-378-6951 Extension: Fax: Email: dchicks@arkbluecross.com Address: 320 W. Capitol, Suite 400 City: Little Rock State: AR Zip: 72203 Last Updated: 02/23/2009
Legal Entity Address: 601 GAINES STREET City: LITTLE ROCK State: AR Zip: 72201	

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: Dr. Kiran C. Patel

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 3,482	Contact Title: Name: Jane Young Phone: 1-803-748-4533 Extension: 2223 Fax: Email: AFCOPS@americas1stchoice.com Address: 250 Berryhill Rd Suite 311 City: Columbia State: SC Zip: 29210 Last Updated: 12/17/2010
Legal Entity Address: 250 Berry Hill Road Suite #311 City: Columbia State: SC Zip: 29210	

Contract Number: H4270
Legal Entity Name: UCARE WISCONSIN, INC.
Organization Marketing Name: UCare
Parent Organization: UCare Minnesota

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 6,857 Legal Entity Address: 500 Stinson Boulevard NE City: Minneapolis State: MN Zip: 55413	Contact Title: State Programs Member Services Supervisor Name: Jaimie Parker Phone: 1-612-676-3456 Extension: Fax: Email: jparker@ucare.org Address: PO Box 52 City: Minneapolis State: MN Zip: 55440 Last Updated: 07/19/2010
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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: 47 Legal Entity Address: 225 East Jackson #92 City: Jonesboro State: AR Zip: 72401	Contact Title: Finance Manager Name: Terry Combs Phone: 1-870-336-5004 Extension: Fax: 1-870-336-5001 Email: tcombs@sbrmc.org Address: 225 East Jackson #92 City: Jonesboro State: AR Zip: 72401 Last Updated: 04/30/2008
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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: CareMore Medical Enterprises

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,617 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, 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: 109 Legal Entity Address: 1432 Fifth Avenue City: New York State: NY Zip: 10026	Contact Title: Compliance Officer Name: Valerie Collins Phone: 1-646-289-7724 Extension: Fax: Email: vcollins@archcare.org Address: 1432 Fifth Avenue City: New York State: NY Zip: 10035 Last Updated: 01/18/2011
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Contract Number: H4402
Legal Entity Name: ALEXIAN BROTHERS COMMUNITY SERVICES
Organization Marketing Name: Alexian Brothers Community Services
Parent Organization: Alexian Brothers Community 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: Atlanta Enrollment: 291 Legal Entity Address: 425 CUMBERLAND STREET Suite 110 City: CHATTANOOGA State: TN Zip: 37404	Contact Title: IT Name: Jon Gabert Phone: 1-423-698-0802 Extension: 212 Fax: 1-423-622-6048 Email: jgabert@alexianbrothers.net Address: 425 Cumberland Street Suite 110 City: Chattanooga State: TN Zip: 37404 Last Updated: 04/01/2008
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Contract Number: H4406
Legal Entity Name: UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.
Organization Marketing Name: SecureHorizons by 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: 4,630 Legal Entity Address: 1300 RIVER DRIVE, SUITE 200 City: MOLINE State: IL Zip: 61265	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H4407
Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC.
Organization Marketing Name: Healthspring, Inc.
Parent Organization: HealthSpring, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 4,781 Legal Entity Address: 44 VANTAGE WAY SUITE 300 City: NASHVILLE State: TN Zip: 37228	Contact Title: Vice President of Customer Service Name: Wendy Wetzel Phone: 1-832-553-3300 Extension: 3379 Fax: Email: wendy.wetzel@healthspring.com Address: 2900 North Loop West Suite 1300 City: Houston State: TX Zip: 77092 Last Updated: 02/25/2010
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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: 8,371 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H4454
Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC.
Organization Marketing Name: Healthspring
Parent Organization: HealthSpring, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1996 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 71,430 Legal Entity Address: 44 VANTAGE WAY, SUITE 300 City: NASHVILLE State: TN Zip: 37228	Contact Title: Vice President of Customer Service Name: Wendy Wetzel Phone: 1-832-553-3300 Extension: 3379 Fax: Email: wendy.wetzel@healthspring.com Address: 2900 North Loop West Suite 1300 City: Houston State: TX Zip: 77092 Last Updated: 02/25/2010
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Contract Number: H4456
Legal Entity Name: UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.
Organization Marketing Name: SecureHorizons by 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: 64,090 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: 68,032 Legal Entity Address: 1420 Centerpoint Boulevard City: Knoxville State: TN Zip: 37932	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H4506
Legal Entity Name: SELECTCARE OF TEXAS, L.L.C.
Organization Marketing Name: Universal American
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: 47,162 Legal Entity Address: 4888 Loop Central Drive Suite 700 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 11/19/2009
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Contract Number: H4510
Legal Entity Name: HUMANA HEALTH PLAN OF TEXAS, INC.
Organization Marketing Name: HUMANA HEALTH PLAN OF TEXAS, INC.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1988 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 40,419 Legal Entity Address: 1221 South Mopac, Suite 200 City: Austin State: TX Zip: 78746	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H4513
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.
Organization Marketing Name: HealthSpring
Parent Organization: HealthSpring, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/2001 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 47,117 Legal Entity Address: 2900 NORTH LOOP WEST, SUITE 300 City: HOUSTON State: TX Zip: 77092	Contact Title: Vice President of Customer Service Name: Wendy Wetzel Phone: 1-832-553-3300 Extension: 3379 Fax: 1-832-553-3400 Email: Wendy.Wetzel@healthspring.com Address: 2900 North Loop West Suite 1300 City: Houston State: TX Zip: 77092 Last Updated: 02/25/2010
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Contract Number: H4514
Legal Entity Name: EVERCARE OF TEXAS, LLC
Organization Marketing Name: Evercare« by 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: 18,435 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: 135 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: Bienivir Senior Health Services Parent Organization: Bienivir 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: 752 Legal Entity Address: 2300 McKinley City: EL PASO State: TX Zip: 79930	Contact Title: Chief Operations Officer Name: Margie Murphy Phone: 1-915-562-3444 Extension: 2290 Fax: Email: mmurphy@bienvivir.org Address: 2300 McKinley City: El Paso State: TX Zip: 79930 Last Updated: 09/13/2006
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: 10,165 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
Contract Number: H4522 Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY Organization Marketing Name: SecureHorizons by 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: 15,162 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: H4523 Legal Entity Name: AETNA HEALTH INC. Organization Marketing Name: Aetna Medicare Parent Organization: Aetna Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 4,542 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

Contract Number: H4524
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 8,505 Legal Entity Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/23/2006
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Contract Number: H4525
Legal Entity Name: SHA, L.L.C
Organization Marketing Name: FirstCare Advantage
Parent Organization: Covenant Health System - Hendrick Health System

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 2,943 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: WellMed Medical Management, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 28,438 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: BRAVO HEALTH TEXAS, INC.
Organization Marketing Name: Bravo Health
Parent Organization: HealthSpring, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 25,572 Legal Entity Address: 11765 WEST AVENUE City: SAN ANTONIO State: TX Zip: 782162559	Contact Title: Name: Member Services Phone: 1-888-353-3789 Extension: Fax: Email: memberservices@bravohealth.com Address: 3601 O'Donnell Street City: Baltimore State: MD Zip: 21224 Last Updated: 08/23/2007
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Contract Number: H4529
Legal Entity Name: ARCADIAN HEALTH PLAN, INC.
Organization Marketing Name: Texas Community Care
Parent Organization: Arcadian Management Services Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 14,490 Legal Entity Address: 500 12th Street, Suite 350 City: OAKLAND State: CA Zip: 94607	Contact Title: Name: Member Service Phone: 1-800-573-8597 Extension: Fax: Email: memberservice@arcadianhealth.com Address: 500 12th Street Suite 350 City: Oakland State: CA Zip: 94607 Last Updated: 05/25/2010
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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: CMS Region Responsible: Seattle Enrollment: 4,378 Legal Entity Address: 4912 MIDWAY DR. P.O. BOX 6130 City: TEMPLE State: TX Zip: 76502	Contact Title: Medicare Coordinator Name: Kathy Hampton Phone: 1-254-773-1330 Extension: 268 Fax: 1-254-774-8029 Email: kathyh@care.vvm.com Address: P.O. Box 6130 City: Temple State: TX Zip: 76503-6130 Last Updated: 07/26/2010
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Contract Number: H4564
Legal Entity Name: SCOTT AND WHITE HEALTH PLAN
Organization Marketing Name: Scott and White Health Plan SeniorCare
Parent Organization: Scott and White Healthcare

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 04/01/1996 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 24,411 Legal Entity Address: 1206 West Campus Drive City: TEMPLE State: TX Zip: 76502	Contact Title: Call Center Name: Customer Service Phone: 1-866-344-3141 Extension: Fax: Email: blee@swmail.sw.org Address: 1206 West Campus Drive City: Temple State: TX Zip: 76502 Last Updated: 01/19/2011
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Contract Number: H4590
Legal Entity Name: PACIFICARE OF TEXAS, INC.
Organization Marketing Name: SecureHorizons by 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: 149,756 Legal Entity Address: 8200 IH-10 SUITE 1000 City: SAN ANTONIO State: TX Zip: 78230	Contact Title: Name: Customer Service Phone: 1-888-866-8297 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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<p>Contract Number: H4604 Legal Entity Name: UNITEDHEALTHCARE OF UTAH, INC. Organization Marketing Name: SecureHorizons by UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 32,115 Legal Entity Address: 2795 EAST COTTONWOOD PARKWAY #200 City: SALT LAKE CITY State: UT Zip: 84121</p>	<p>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</p>
<p>Contract Number: H4605 Legal Entity Name: REGENCE BLUECROSS BLUESHIELD OF UT Organization Marketing Name: Regence BlueCross BlueShield of Utah Parent Organization: The Regence Group</p>	
<p>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: 17,404 Legal Entity Address: P.O. Box 12625 201 High Street SE City: Salem State: OR Zip: 97309</p>	<p>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</p>
<p>Contract Number: H4606 Legal Entity Name: HUMANA INSURANCE COMPANY Organization Marketing Name: Humana Insurance Company Parent Organization: Humana Inc.</p>	
<p>Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 15,606 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115</p>	<p>Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010</p>
<p>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</p>	
<p>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: 12,195 Legal Entity Address: 1040 N 2200 W Suite 200 City: Salt Lake City State: UT Zip: 84116</p>	<p>Contact Title: Manager of Government Affairs Name: Andrea Puff-Newberry Phone: 1-801-595-4337 Extension: Fax: 1-801-595-2037 Email: apnewberry@uphealth.com Address: 1040 N 2200 W Suite 200 City: Salt Lake City State: UT Zip: 84116 Last Updated: 09/16/2010</p>

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: Dr. Kiran C. Patel

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 83 Legal Entity Address: 250 Berry Hill Road Suite #311 City: Columbia State: SC Zip: 29210	Contact Title: Name: Jane Young Phone: 1-803-748-4533 Extension: 2223 Fax: Email: AFCOPS@americas1stchoice.com Address: 250 Berryhill Rd Suite 311 City: Columbia State: SC Zip: 29210 Last Updated: 12/17/2010
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Contract Number: H4754
Legal Entity Name: CLEAR ONE HEALTH PLANS, INC.
Organization Marketing Name: Clear One Health Plans
Parent Organization: Clear One Health Plans, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 231 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: brad.westphal@clearonehp.com Address: 2965 NE Conners Ave. City: Bend State: OR Zip: 97701 Last Updated: 11/04/2009
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Contract Number: H4785
Legal Entity Name: HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.
Organization Marketing Name: Humana Health Benefit Plan of LA, Inc.
Parent Organization: Humana Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 493 Legal Entity Address: One Galleria Blvd. Suite 850 City: Metairie State: LA Zip: 70001	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H4837
Legal Entity Name: UNITEDHEALTHCARE OF WISCONSIN
Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 916 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: 289 Legal Entity Address: 93-20 Roosevelt Avenue City: Jackson Heights State: NY Zip: 11372	Contact Title: IT Manager Name: Hector J Cruzado Phone: 1-718-899-0051 Extension: Fax: 1-718-899-2102 Email: hecruzado@accessmedicareny.com Address: 93-20a Roosevelt Avenue Suite 3C City: Jackson Heights State: NY Zip: 11372 Last Updated: 11/12/2010
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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: Boston Enrollment: 2,609 Legal Entity Address: 1231 E. Beltline Ave. NE City: Grand Rapids State: MI Zip: 49525	Contact Title: Name: Customer Service Phone: 1-888-389-6648 Extension: Fax: Email: CSEmail-Incoming@priorityhealth.com Address: 1231 East Beltline Ave NE City: Grand Rapids State: MI Zip: 49525 Last Updated: 12/03/2008
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Contract Number: H4906
Legal Entity Name: C AND O EMPLOYEES' HOSPITAL ASSOCIATION
Organization Marketing Name: C and O Employees' Hospital Association
Parent Organization: C & O Employees' Hospital Association

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 05/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 2,712 Legal Entity Address: 511 MAIN STREET, 2ND FLOOR City: CLIFTON FORGE State: VA Zip: 24422	Contact Title: Dues Clerk Name: Margaret Brown Phone: 1-800-679-9135 Extension: Fax: 1-540-862-4958 Email: margbrown@coeha.com Address: 511 Main Street, 2nd Floor City: Clifton Forge State: VA Zip: 24422 Last Updated: 09/28/2007
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Contract Number: H4908
Legal Entity Name: OPTIMA HEALTH INSURANCE COMPANY
Organization Marketing Name: Optima Medicare
Parent Organization: Sentara Healthcare

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 13,813 Legal Entity Address: 4417 CORPORATION LANE City: VIRGINIA BEACH State: VA Zip: 23462	Contact Title: Director, Customer Service Name: Ydsia N Slagle Phone: 1-800-927-6048 Extension: Fax: Email: ynslagle@sentara.com Address: 4417 Corporation Lane City: Virginia Beach State: VA Zip: 23462 Last Updated: 08/23/2006
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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: 12,812 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 06/22/2010
Contract Number: H4910 Legal Entity Name: AETNA HEALTH INC. Organization Marketing Name: Aetna Medicare Parent Organization: Aetna Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 421 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
Contract Number: H4956 Legal Entity Name: HUMANA INSURANCE COMPANY Organization Marketing Name: Humana Insurance Company Parent Organization: Humana Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 9,774 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
Contract Number: H4971 Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY Organization Marketing Name: SecureHorizons by 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: 2,318 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

Contract Number: H5005
Legal Entity Name: PACIFICARE OF WASHINGTON, INC.
Organization Marketing Name: SecureHorizons by 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: 51,409 Legal Entity Address: 7525 S.E. 24TH STREET City: MERCER ISLAND State: WA Zip: 98040	Contact Title: Name: Customer Service Phone: 1-888-866-8297 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5006
Legal Entity Name: STERLING LIFE INSURANCE COMPANY
Organization Marketing Name: Sterling Life Insurance Company
Parent Organization: Munich American Holding Corporation

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 07/01/2000 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 13,057 Legal Entity Address: 2219 Rimland Drive P.O. BOX 5348 City: BELLINGHAM State: WA Zip: 982275348	Contact Title: Manager, Customer Service Name: Wendi Western Phone: 1-360-392-9073 Extension: Fax: 1-360-392-9100 Email: Wendi.Western@sterlingplans.com Address: 2219 Rimland Drive PO Box 5348 City: Bellingham State: WA Zip: 98227-5348 Last Updated: 02/16/2011
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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: 387 Legal Entity Address: 4515 MARTIN LUTHER KING JR.WAY SOUTH STE 10 City: SEATTLE State: WA Zip: 98108	Contact Title: Administrative Services Manager Name: Antone Eek Phone: 1-206-320-5325 Extension: Fax: 1-206-760-6339 Email: antone.eek@providence.org Address: 4515 Martin Luther King Jr. Way S. Ste. 100 City: Seattle State: WA Zip: 98108 Last Updated: 02/08/2011
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Contract Number: H5008
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« by 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: 2,204 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: The Regence Group

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: 18,721 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: The Regence Group

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: 1,955 Legal Entity Address: P.O. Box 12625 201 High Street SE City: Salem State: OR Zip: 97309	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 03/03/2011
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Contract Number: H5016
Legal Entity Name: PROVIDENCE HEALTH PLANS
Organization Marketing Name: Providence Health Plans
Parent Organization: Providence Health & Services

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 360 Legal Entity Address: 3601 SW Murray Blvd, Suite 10 City: Beaverton State: OR Zip: 97005	Contact Title: Program Manager - Medicare Compliance Name: Keri Steege Phone: 1-503-574-6437 Extension: Fax: 1-503-574-6543 Email: keri.steege@providence.org Address: 3601 SW Murray Blvd. Suite 10 City: Beaverton State: OR Zip: 97005 Last Updated: 01/07/2010
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Contract Number: H5037
Legal Entity Name: MOUNTAIN EMPIRE OLDER CITIZENS, INCX.
Organization Marketing Name: Mountain Empire PACE
Parent Organization: Mountain Empire Older Citizens, Inc

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 79 Legal Entity Address: 1501 Third Avenue East P.O. Box 888 City: Big Stone Gap State: VA Zip: 24219	Contact Title: PACE Director Name: Tony Lawson Phone: 1-276-523-0599 Extension: Fax: 1-276-523-4690 Email: tlawson@meoc.org Address: P. O. Box 888 City: Big Stone Gap State: VA Zip: 24219 Last Updated: 02/15/2011
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Contract Number: H5041
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 6,974 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H5042
Legal Entity Name: CDPHP UNIVERSAL BENEFITS, INC.
Organization Marketing Name: CDPHP Medicare Choices
Parent Organization: Capital District Physicians' Health Plan, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 5,447 Legal Entity Address: 500 Patroon Creek Blvd. City: Albany State: NY Zip: 12206	Contact Title: Manager, Member Services Name: Laura Kordas Phone: 1-518-641-3710 Extension: Fax: Email: lkordas@cdphp.com Address: 500 Patroon Creek Blvd City: Albany State: NY Zip: 12206 Last Updated: 02/01/2008
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Contract Number: H5050
Legal Entity Name: GROUP HEALTH COOPERATIVE
Organization Marketing Name: Group Health Cooperative
Parent Organization: Group Health Cooperative

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1989 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 64,588 Legal Entity Address: 320 Westlake Avenue North, Suite 100 Attn: Medicare Programs & Compliance City: SEATTLE State: WA Zip: 981095233	Contact Title: Health Plan Operations Name: Provider Assistance Unit Phone: 1-888-767-4670 Extension: Fax: 1-509-249-7615 Email: mccauley.t@ghc.org Address: Group Health Cooperative, Provider Assistance Unit PO Box: 34585 City: Seattle State: WA Zip: 98124-1585 Last Updated: 06/02/2008
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Contract Number: H5087
Legal Entity Name: EASY CHOICE HEALTH PLAN INC.
Organization Marketing Name: Easy Choice Health Plan
Parent Organization: Easy Choice Health Plan Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 11,448 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: HIGHMARK HEALTH INSURANCE COMPANY
Organization Marketing Name: Highmark Health Insurance Company
Parent Organization: Highmark Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 18,185 Legal Entity Address: 120 Fifth Avenue City: Pittsburgh State: PA Zip: 15222	Contact Title: VP, Sr. Products Operations Name: Sally Rich Phone: 1-888-459-4020 Extension: Fax: Email: sally.rich@highmark.com Address: 120 Fifth Avenue P5501 City: Pittsburgh State: PA Zip: 15222-3099 Last Updated: 01/27/2010
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Contract Number: H5151
Legal Entity Name: HEALTH PLAN OF THE UPPER OHIO VALLEY
Organization Marketing Name: The Health Plan
Parent Organization: Health Plan of the Upper Ohio Valley

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 9,422 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: H5162
Legal Entity Name: STERLING LIFE INSURANCE COMPANY
Organization Marketing Name: Sterling Life Insurance Company
Parent Organization: Munich American Holding Corporation

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 1,019 Legal Entity Address: 2219 Rimland Dr P.O. Box 5348 City: Bellingham State: WA Zip: 982275348	Contact Title: Manager, Customer Service Name: Wendi Western Phone: 1-360-392-9073 Extension: Fax: 1-360-392-9100 Email: Wendi.Western@sterlingplans.com Address: 2219 Rimland Drive PO Box 5348 City: Bellingham State: WA Zip: 98227-5348 Last Updated: 02/16/2011
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Contract Number: H5167
Legal Entity Name: ROCKY MOUNTAIN HEALTH CARE SERVICES
Organization Marketing Name: Rocky Mountain PACE
Parent Organization: Rocky Mountain Health Care Services

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 12/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 89 Legal Entity Address: 2335 Robinson Street City: Colorado Springs State: CO Zip: 80904	Contact Title: PACE Site Director Name: Kris Abbott Phone: 1-719-314-2327 Extension: 335 Fax: 1-719-457-0766 Email: kabbott@rmhcare.org Address: 2335 Robinson Street City: Colorado Springs State: CO Zip: 80904 Last Updated: 10/30/2010
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Contract Number: H5206
Legal Entity Name: PARTNERSHIP HEALTH PLAN, INC.
Organization Marketing Name: Community Health Partnership
Parent Organization: Community Health Partnership, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 1,523 Legal Entity Address: 2240 EASTRIDGE CENTER City: EAU CLAIRE State: WI Zip: 54701	Contact Title: Compliance Assurance Specialist Name: Susan Sebek Phone: 1-715-858-7819 Extension: Fax: 1-715-838-2910 Email: ssebek@chpmail.net Address: 2240 EastRidge Center City: Eau Claire State: WI Zip: 54701 Last Updated: 03/04/2011
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Contract Number: H5207
Legal Entity Name: COMMUNITY CARE HEALTH PLAN, INC
Organization Marketing Name: Community Care
Parent Organization: Community Care, Inc.

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 827 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: Advocare
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: 32,619 Legal Entity Address: 1515 SAINT JOSEPH AVENUE PO Box 8000 City: MARSHFIELD State: WI Zip: 54449	Contact Title: Customer Service Manager Name: Ken Baur Phone: 1-877-998-0998 Extension: Fax: 1-715-221-9500 Email: baur.ken@securityhealth.org Address: 1515 Saint Joseph Avenue PO Box 8000 City: Marshfield State: WI Zip: 54449-8000 Last Updated: 03/01/2010
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Contract Number: H5212
Legal Entity Name: COMMUNITY CARE, INC.
Organization Marketing Name: Community Care
Parent Organization: Community Care, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 755 Legal Entity Address: 1555 S. Layton Blvd. City: Milwaukee State: WI Zip: 53215	Contact Title: Name: Provider Hotline Phone: 1-866-937-2783 Extension: Fax: Email: claimsinquiries@communitycareinc.org Address: 1801 Dolphin Drive City: Waukesha State: WI Zip: 53186 Last Updated: 02/17/2010
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Contract Number: H5213
Legal Entity Name: TOTAL COMMUNITY CARE, L.L.C.
Organization Marketing Name: Total Community Care
Parent Organization: Total Community Options, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 06/01/2004 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 366 Legal Entity Address: 904 A LAS LOMAS N.E. City: Albuquerque State: NM Zip: 87102	Contact Title: AVP Medicare and Medicaid Compliance Name: Matthew Zimmerman Phone: 1-303-869-4664 Extension: Fax: 1-303-996-1600 Email: mzimmerman@totallongtermcare.org Address: 8950 East Lowry Boulevard City: Denver State: CO Zip: 80230 Last Updated: 11/18/2010
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Contract Number: H5214
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 21,293 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H5215
Legal Entity Name: NETWORK HEALTH INSURANCE CORPORATION
Organization Marketing Name: Network Platinum Medicare Advantage Plans
Parent Organization: Affinity Health System

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 42,340 Legal Entity Address: 1570 MIDWAY PLACE P.O. Box 120 City: MENASHA State: WI Zip: 54952	Contact Title: VP Medicare Products Name: Marcia Broeren Phone: 1-920-720-1556 Extension: Fax: 1-920-720-1912 Email: mbroeren@networkhealth.com Address: 1570 Midway Place P.O. Box 120 City: Menasha State: WI Zip: 54952 Last Updated: 03/24/2008
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Contract Number: H5216
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 15,102 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H5253
Legal Entity Name: UNITEDHEALTHCARE OF WISCONSIN, INC
Organization Marketing Name: SecureHorizons by 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: 63,585 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

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 02/01/1996 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Kansas City Enrollment: 2,808 Legal Entity Address: 1605 ASSOCIATES DRIVE, Suite 101 City: DUBUQUE State: IA Zip: 52002	Contact Title: Marketing Specialist Name: Julie Hoffmann Phone: 1-563-556-8070 Extension: Fax: 1-563-556-5134 Email: jhoffmann@mahealthcare.com Address: 1605 Associates Drive City: Dubuque State: IA Zip: 52002 Last Updated: 06/24/2010
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Contract Number: H5262
Legal Entity Name: GUNDERSEN LUTHERAN HEALTH PLAN
Organization Marketing Name: Gundersen Lutheran Health Plan, Inc.
Parent Organization: Gundersen Lutheran Health System Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 12,578 Legal Entity Address: 3190 Gundersen Drive. City: Onalaska State: WI Zip: 54650	Contact Title: Name: Customer Service Phone: 1-800-394-5566 Extension: 58077 Fax: 1-608-775-8091 Email: hpcustomerservice@gundluth.org Address: 1900 South Avenue Mailstop: NCA2-01 City: La Crosse State: WI Zip: 54601 Last Updated: 08/21/2006
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Contract Number: H5264
Legal Entity Name: DEAN HEALTH PLAN, INC.
Organization Marketing Name: Dean Health Plan, Inc.
Parent Organization: Dean Health Systems Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1999 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 16,890 Legal Entity Address: 1277 DEMING WAY City: MADISON State: WI Zip: 53717	Contact Title: Name: Mike Fox Phone: 1-608-827-4131 Extension: Fax: Email: michael.fox@deancare.com Address: 1277 Deming Way City: Madison State: WI Zip: 53717 Last Updated: 08/14/2008
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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: 3,698 Legal Entity Address: 321 West Main Street, 12th Floor City: Louisville State: KY Zip: 40202	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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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: 975 Legal Entity Address: The Regency Building, Suite 202 2100 South IH-35 City: Austin State: TX Zip: 78704	Contact Title: Director, Data Management Name: Sloane COdy Phone: 1-800-218-7453 Extension: 22172 Fax: Email: scody@centene.com Address: 2100 South IH 35 Suite 202 City: Austin State: TX Zip: 78704 Last Updated: 12/20/2010
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Contract Number: H5302
Legal Entity Name: COVENTRY HEALTH CARE OF GEORGIA, INC.
Organization Marketing Name: Coventry Health Care, INC.
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 5,082 Legal Entity Address: 1100 Circle 75 Parkway Ste 1400 City: Atlanta State: GA Zip: 30339	Contact Title: VP, GM (Medicare/Medicaid) Name: Nancy Martin Phone: 1-800-470-2004 Extension: 6550 Fax: Email: nfmartin@cvtly.com Address: 1100 Circle 75 Parkway Suite 1400 City: Atlanta State: GA Zip: 30339 Last Updated: 10/26/2010
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Contract Number: H5378
Legal Entity Name: THE PYRAMID LIFE INSURANCE COMPANY
Organization Marketing Name: Universal American
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: 9,441 Legal Entity Address: 4888 Loop Central Drive Suite 700 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 06/17/2009
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Contract Number: H5402
Legal Entity Name: QUALITY HEALTH PLANS, INC.
Organization Marketing Name: Quality Health Plans
Parent Organization: QHP Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2003 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 10,924 Legal Entity Address: 4010 Gunn Highway Suite 220 City: Tampa State: FL Zip: 33618	Contact Title: Compliance Officer Name: Angela Hart Phone: 1-813-574-1640 Extension: 289 Fax: 1-813-961-3154 Email: cdgroup@qualityhealthplans.com Address: 4010 Gunn Highway Suite 220 City: Tampa State: FL Zip: 33618 Last Updated: 09/01/2010
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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 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: San Francisco Enrollment: 1,035 Legal Entity Address: 1333 BUSH STREET City: SAN FRANCISCO State: CA Zip: 94109	Contact Title: Health Plan Associate Name: Edward Chung Phone: 1-415-292-8692 Extension: Fax: 1-415-292-8745 Email: echung@onlok.org Address: 1333 Bush Street City: San Francisco State: CA Zip: 94109 Last Updated: 08/31/2010
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Contract Number: H5404
Legal Entity Name: UNIVERSAL HEALTH CARE, INC.
Organization Marketing Name: Universal Health Care, Inc.
Parent Organization: Universal Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2003 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 35,669 Legal Entity Address: 100 Central Avenue Suite #200 City: Saint Petersburg State: FL Zip: 33701	Contact Title: Compliance Officer Name: Nirali Patel Phone: 1-866-690-4842 Extension: 6582 Fax: 1-727-329-1904 Email: npatel@univhc.com Address: UNIVERSAL HEALTH CARE, INC. 100 CENTRAL AVENUE, SUITE 200 City: SAINT PETERSBURG State: FL Zip: 33701 Last Updated: 10/04/2010
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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: 415 Legal Entity Address: 510-17th St., Suite 400 City: OAKLAND State: CA Zip: 94612	Contact Title: IT Manager Name: Leroy Fergeson Phone: 1-510-433-1160 Extension: 7102 Fax: 1-510-452-8836 Email: lfergeson@cei.elders.org Address: 510-17th St., Suite 400 City: Oakland State: CA Zip: 94612 Last Updated: 09/30/2009
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Contract Number: H5406
Legal Entity Name: SUTTER HEALTH SACRAMENTO SIERRA REGION
Organization Marketing Name: Sutter SeniorCare
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: 215 Legal Entity Address: 7000 Franklin Blvd., Suite 1020 City: Sacramento State: CA Zip: 95823	Contact Title: Director Name: William Clearwater Phone: 1-916-424-8412 Extension: 13404 Fax: 1-916-491-3484 Email: ClearwW@sutterhealth.org Address: 7000 Franklin Blvd., Suite 1020 City: Sacramento State: CA Zip: 95823 Last Updated: 10/01/2008
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Contract Number: H5407
Legal Entity Name: CITRUS HEALTH CARE, INC.
Organization Marketing Name: Citrus Health Care, Inc.
Parent Organization: WellMed Medical Management, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2004 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 6,406 Legal Entity Address: 5420 BAY CENTER DRIVE SUITE 250 City: TAMPA State: FL Zip: 33609	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: 02/24/2011
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Contract Number: H5410
Legal Entity Name: HEALTHSPRING OF FLORIDA, INC.
Organization Marketing Name: HealthSpring of Florida, Inc.
Parent Organization: HealthSpring, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2005 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 38,008 Legal Entity Address: 11401 SW 40 Street, Suite 400 City: MIAMI State: FL Zip: 33165	Contact Title: Vice President, Customer Service Name: Wendy Wetzel Phone: 1-832-553-3300 Extension: 3379 Fax: Email: Wendy.Wetzel@healthspring.com Address: 2900 North Loop West Suite 1300 City: Houston State: TX Zip: 77092 Last Updated: 02/25/2010
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Contract Number: H5414
Legal Entity Name: AETNA HEALTH INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 2,950 Legal Entity Address: 4630 Woodlands Corporate Blvd. City: Tampa State: FL Zip: 33614	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/24/2006
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Contract Number: H5415
Legal Entity Name: HUMANA HEALTH INSURANCE COMPANY OF FL, INC.
Organization Marketing Name: Humana Health Insurance Company of FL, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 2,409 Legal Entity Address: 3501 SW 160th Avenue City: Miramar State: FL Zip: 33027	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H5416
Legal Entity Name: ARCADIAN HEALTH PLAN, INC.
Organization Marketing Name: Spokane Community Care
Parent Organization: Arcadian Management Services Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2005 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 9,101 Legal Entity Address: 500 12th Street, Suite 350 City: OAKLAND State: CA Zip: 94607	Contact Title: Name: Member Service Phone: 1-800-573-8597 Extension: Fax: Email: memberservice@arcadianhealth.com Address: 500 12th Street Suite 350 City: Oakland State: CA Zip: 94607 Last Updated: 05/25/2010
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Contract Number: H5417
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« by 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: 1,421 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: Medica HealthCare Plans, Inc.

Organization Type: Local CCP Plan Type: PSO (State License) Contract Effective Date: 06/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 33,401 Legal Entity Address: 4000 Ponce de Leon Blvd. Suite 650 City: CORAL GABLES State: FL Zip: 33146	Contact Title: Name: Jenny Curbelo Phone: 1-800-407-9069 Extension: Fax: 1-305-460-0616 Email: jcurbello@medicaplans.com Address: 4000 Ponce De Leon Blvd. Suite 650 City: Coral Gables State: FL Zip: 33146 Last Updated: 08/18/2006
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Contract Number: H5421
Legal Entity Name: THE PYRAMID LIFE INSURANCE COMPANY
Organization Marketing Name: Universal American
Parent Organization: Universal American Corp.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 30,516 Legal Entity Address: 4888 Loop Central Drive Suite 700 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 11/19/2009
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Contract Number: H5422
Legal Entity Name: BLUE CROSS BLUE SHIELD 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: 3,090 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 06/22/2010
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Contract Number: H5424
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by 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: 12,955 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, 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: San Francisco Enrollment: 67,097 Legal Entity Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806	Contact Title: Member Services Name: Member Services Phone: 1-800-559-3500 Extension: Fax: Email: KMcBeath@scanhealthplan.com Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806 Last Updated: 07/02/2009
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Contract Number: H5426
Legal Entity Name: HUMANA ADVANTAGECARE PLAN, INC.
Organization Marketing Name: Humana AdvantageCare Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 10,528 Legal Entity Address: 3501 SW 160th Avenue City: Miramar State: FL Zip: 33027	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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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: 45,477 Legal Entity Address: 5403 N Church Avenue City: Tampa State: FL Zip: 33614	Contact Title: Sr. VP Operations Name: Chris O'Connor Phone: 1-800-401-2740 Extension: Fax: Email: ops@americas1stchoice.com Address: 5403, Church Ave N, City: Tampa State: FL Zip: 33614 Last Updated: 05/27/2010
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Contract Number: H5428
Legal Entity Name: SAN MATEO HEALTH COMMISSION
Organization Marketing Name: Health Plan of San Mateo
Parent Organization: Health Plan of San Mateo

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 8,076 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: H5429
Legal Entity Name: UNIVERSAL HEALTH CARE, INC.
Organization Marketing Name: Universal Health Care, Inc.
Parent Organization: Universal Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 1,193 Legal Entity Address: UNIVERSAL HEALTH CARE, INC. 100 CENTRAL AVENUE, SUITE 200 City: SAINT PETERSBURG State: FL Zip: 33701	Contact Title: Compliance Officer Name: Nirali Patel Phone: 1-866-690-4842 Extension: 6582 Fax: 1-727-329-1904 Email: npatel@univhc.com Address: UNIVERSAL HEALTH CARE, INC. 100 CENTRAL AVENUE, SUITE 200 City: SAINT PETERSBURG State: FL Zip: 33701 Last Updated: 10/15/2010
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Contract Number: H5430
Legal Entity Name: CARE1ST HEALTH PLAN OF ARIZONA
Organization Marketing Name: ONECare by Care1st Health Plan Arizona, Inc.
Parent Organization: Care1st Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,528 Legal Entity Address: 2355 E. CAMELBACK ROAD, SUITE 300 City: PHOENIX State: AZ Zip: 85016	Contact Title: Medicare Operations Specialist Name: Judy Valenzuela Phone: 1-877-778-1855 Extension: Fax: Email: jvalenzuela@care1st.com Address: 2355 E. Camelback, Ste. 300 City: Phoenix State: AZ Zip: 85016 Last Updated: 11/24/2010
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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: 5,179 Legal Entity Address: 1205 SOUTHWEST 37TH AVENUE, 2ND FLOOR City: MIAMI State: FL Zip: 33135	Contact Title: Vice President Name: Jonathan Klein Phone: 1-305-234-9292 Extension: Fax: 1-305-444-9148 Email: cms_technical@healthsun.com Address: 1205 SW 37th Avenue City: Miami State: FL Zip: 33135 Last Updated: 04/17/2007
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Contract Number: H5433
Legal Entity Name: ORANGE COUNTY HEALTH AUTHORITY
Organization Marketing Name: OneCare
Parent Organization: CalOptima

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: 11,552 Legal Entity Address: 1120 WEST LA VETA AVENUE, 5TH FLOOR City: ORANGE State: CA Zip: 92868	Contact Title: Regulatory Manager, OneCare Name: Clifford Roth Phone: 1-714-246-8638 Extension: Fax: Email: croth@caloptima.org Address: 1120 West La Veta Ave City: Orange State: CA Zip: 92868 Last Updated: 08/06/2010
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Contract Number: H5434
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
Organization Marketing Name: Blue Cross and Blue Shield of Florida, Inc.
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: 5,807 Legal Entity Address: 4800 DEERWOOD CAMPUS PARKWAY City: JACKSONVILLE State: FL Zip: 32246	Contact Title: Manager B - Contact SFI Name: Anne Furnari Phone: 1-800-926-6565 Extension: 17321 Fax: 1-305-640-4173 Email: Anne.Furnari@bcbsfl.com Address: 8400 NW 33rd St Suite 100 City: Miami State: FL Zip: 33122 Last Updated: 04/08/2010
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Contract Number: H5435
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by 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: 78,354 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: 942 Legal Entity Address: 21281 BURBANK BLVD. Building B City: WOODLAND HILLS State: CA Zip: 91367	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-800-275-4737 Extension: Fax: Email: member_services@healthnet.com Address: P.O. Box 10198 City: Van Nuys State: CA Zip: 91410-0198 Last Updated: 08/21/2006
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Contract Number: H5440
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« by 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: 508 Legal Entity Address: 4350 WEST CYPRESS STREET SUITE 1000 City: TAMPA State: FL Zip: 33607	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5470
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 9,877 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H5475
Legal Entity Name: HEALTH PLAN OF MICHIGAN, INC.
Organization Marketing Name: Health Plan of Michigan Gold Plan
Parent Organization: Caidan Enterprises Inc Grp

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: * Legal Entity Address: 777 Woodward Avenue Suite 600 City: Detroit State: MI Zip: 48226	Contact Title: Name: Tom Lauzon Phone: 1-313-324-3702 Extension: Fax: 1-313-202-0072 Email: tlauzon@hpmich.com Address: 777 Woodward Ave Suite 600 City: Detroit State: MI Zip: 48226 Last Updated: 04/01/2010
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Contract Number: H5480
Legal Entity Name: EDUCATORS MUTUAL INSURANCE ASSOCIATION
Organization Marketing Name: Educators Mutual Insurance Association
Parent Organization: Educators Mutual Insurance Association

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 1,088 Legal Entity Address: 852 East Arrowhead Lane City: Murray State: UT Zip: 84107	Contact Title: Director, Pharmacy and Medicare Services Name: Nathan D Gedge Phone: 1-801-262-7475 Extension: Fax: Email: ngedge@emihealth.com Address: 852 East Arrowhead Lane City: Murray State: UT Zip: 84107 Last Updated: 11/23/2010
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Contract Number: H5507
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 4,408 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: 5,355 Legal Entity Address: 9045 River Road, Suite 200 City: Indianapolis State: IN Zip: 46240	Contact Title: Medicare Programs Operations Manager Name: Diane Hettmansperger Phone: 1-800-523-7533 Extension: Fax: Email: dhettmansperger@advantageplan.com Address: 9045 River Road, Suite 200 City: Indianapolis State: IN Zip: 46240 Last Updated: 11/01/2010
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Contract Number: H5509
Legal Entity Name: COVENTRY HEALTH AND LIFE INS. COMPANY
Organization Marketing Name: COVENTRY HEALTH CARE
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 19,314 Legal Entity Address: 500 Virginia Street, Suite 400 City: Charleston State: WV Zip: 25326	Contact Title: Chief Operating Officer Name: Aaron Molitor Phone: 1-800-727-9712 Extension: Fax: Email: asmolitor@cvty.com Address: 8320 Ward Parkway City: Kansas City State: MO Zip: 64114 Last Updated: 10/26/2010
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Contract Number: H5516
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,244 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 Medicare Advantage
Parent Organization: Health Net, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 39,509 Legal Entity Address: 13221 SW 68th Parkway, Ste. 200 City: Tigard State: OR Zip: 97223	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-888-445-8913 Extension: Fax: Email: notavailable@healthnet.com Address: 13221 SW 68th Parkway City: Tigard State: OR Zip: 97223-8328 Last Updated: 08/21/2006
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Contract Number: H5521
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 231,063 Legal Entity Address: 980 Jolly Road City: Blue Bell State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/24/2006
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Contract Number: H5522
Legal Entity Name: HEALTHASSURANCE PENNSYLVANIA, INC.
Organization Marketing Name: HealthAmerica
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 25,011 Legal Entity Address: 11 Stanwix Street City: Pittsburgh State: PA Zip: 15222	Contact Title: Name: Member Services Phone: 1-800-290-0190 Extension: Fax: Email: MKnight@cvty.com Address: P.O. Box 7087 City: London State: KY Zip: 40742 Last Updated: 02/03/2011
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Contract Number: H5525
Legal Entity Name: HUMANA BENEFIT PLAN OF ILLINOIS, INC.
Organization Marketing Name: Humana Benefit Plan of Illinois, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 10,676 Legal Entity Address: 7915 N. Hale Avenue Suite D City: Peoria State: IL Zip: 61615	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H5526
Legal Entity Name: HEALTHNOW NEW YORK INC.
Organization Marketing Name: BlueCross BlueShield of WNY and BlueShield of NENY
Parent Organization: HealthNow New York Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 19,345 Legal Entity Address: 257 West Genesee Street City: Buffalo State: NY Zip: 14202	Contact Title: Manager Name: Linda Warren Phone: 1-518-220-4699 Extension: Fax: Email: Warren.Linda@healthnow.org Address: 30 Century Hill Drive City: Latham State: NY Zip: 12110 Last Updated: 08/11/2009
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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: 21,492 Legal Entity Address: 80 Wolf Road 6th Floor City: Albany State: NY Zip: 12205	Contact Title: Sr. Dir., Customer Service Name: Charles Mellia Phone: 1-866-557-7300 Extension: Fax: 1-646-447-3071 Email: CMellia@EmblemHealth.com Address: 55 Water Street City: New York State: NY Zip: 10041 Last Updated: 11/12/2010
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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: 26,027 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: OH Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 06/22/2010
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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: 4,444 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 06/22/2010
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Contract Number: H5532
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,476 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5533
Legal Entity Name: UPMC HEALTH NETWORK
Organization Marketing Name: UPMC Health Plan
Parent Organization: University of Pittsburgh Medical Center

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 4,674 Legal Entity Address: 112 Washington Place City: Pittsburgh State: PA Zip: 15219	Contact Title: Medicare Hotline Name: UPMC Health Plan Phone: 1-877-381-3765 Extension: Fax: Email: upmchp@upmc.edu Address: 112 Washington Place City: Pittsburgh State: PA Zip: 15219 Last Updated: 09/01/2006
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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: 6,285 Legal Entity Address: 107 E 70th Street City: New York State: NY Zip: 10021	Contact Title: Compliance and Communications Specialist Name: Suzanne McCabe Phone: 1-866-783-1444 Extension: Fax: Email: smccabe@vnsny.org Address: 1250 Broadway 11th Floor City: New York State: NY Zip: 10001 Last Updated: 04/23/2010
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Contract Number: H5575
Legal Entity Name: FIDELIS SECURECARE OF NORTH CAROLINA
Organization Marketing Name: Fidelis SecureCare of North Carolina
Parent Organization: Fidelis SecureCare

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 357 Legal Entity Address: 9300 Harris Corners Parkway Suite 100 City: Charlotte State: NC Zip: 28269	Contact Title: Manager - Customer Services-Production Name: Ronald Rome Phone: 1-877-372-8085 Extension: Fax: Email: rrome@tmghealth.com Address: 201 Lackawanna Ave City: Scranton State: PA Zip: 18503 Last Updated: 12/03/2010
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Contract Number: H5576
Legal Entity Name: VANTAGE HEALTH PLAN, INC.
Organization Marketing Name: Vantage Health Plan, Inc.
Parent Organization: Vantage Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 6,743 Legal Entity Address: 130 DeSiard St Suite 300 City: Monroe State: LA Zip: 71201	Contact Title: Associate Director of Compliance Name: Keith McRee Phone: 1-318-361-0900 Extension: 1142 Fax: 1-318-361-2184 Email: kmcree@vhpla.com Address: 130 DeSiard St Suite 300 City: Monroe State: LA Zip: 71201 Last Updated: 05/24/2010
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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: 55,694 Legal Entity Address: MCS Plaza, Suite 201 255 Ponce De Leon Ave. City: San Juan State: PR Zip: 00917	Contact Title: AVP- Compliance Officer Name: Jessica Losa Phone: 1-787-758-2500 Extension: 2369 Fax: 1-787-620-6906 Email: jessical@medicalcardsystem.com Address: MCS Plaza 255 Ponce de Leon Avenue, Second Floor City: San Juan State: PR Zip: 00918 Last Updated: 01/10/2011
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Contract Number: H5578
Legal Entity Name: ARCADIAN HEALTH PLAN OF GEORGIA, INC.
Organization Marketing Name: Southeast Community Care
Parent Organization: Arcadian Management Services Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 3,388 Legal Entity Address: 500 12th Street, Suite 350 City: OAKLAND State: CA Zip: 94607	Contact Title: Name: Member Service Phone: 1-800-573-8597 Extension: Fax: Email: memberservice@arcadianhealth.com Address: 500 12th Street Suite 350 City: Oakland State: CA Zip: 94607 Last Updated: 05/25/2010
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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: 15,687 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: 10/13/2008
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Contract Number: H5587
Legal Entity Name: HEALTH CHOICE ARIZONA, INC.
Organization Marketing Name: Health Choice Generations HMO
Parent Organization: IASIS Healthcare

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 4,313 Legal Entity Address: 410 N 44th Street Suite 510 City: Phoenix State: AZ Zip: 85008	Contact Title: Plan Directory Contact for Public Website Name: Customer Service Phone: 1-800-656-8991 Extension: Fax: 1-480-784-2933 Email: jmeade@iasishealthcare.com Address: 410 N 44th Street, Suite 510 City: Phoenix State: AZ Zip: 85008 Last Updated: 04/23/2009
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Contract Number: H5590
Legal Entity Name: BRIDGEWAY HEALTH SOLUTIONS
Organization Marketing Name: Advantage by Bridgeway Health Solutions
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: 1,760 Legal Entity Address: 1501 West Fountainhead Parkway, #201 City: Tempe State: AZ Zip: 85282	Contact Title: Medicare Director Name: Cheyenne L Ross Phone: 1-866-475-3129 Extension: 26818 Fax: Email: chross@centene.com Address: 1501 W Fountainhead Parkway Suite #201 City: Tempe State: AZ Zip: 85282 Last Updated: 08/18/2010
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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: 9,866 Legal Entity Address: P.O. Box 9746 331 Veranda Street City: Portland State: ME Zip: 04104	Contact Title: Name: Marketing Representative Phone: 1-888-640-4423 Extension: Fax: Email: gainfo@martinspoint.org Address: P. O. Box 9746 891 Washington Avenue City: Portland State: ME Zip: 04104 Last Updated: 08/23/2006
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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: 13,556 Legal Entity Address: 5403 N. Church Ave City: Tampa State: FL Zip: 33614	Contact Title: Sr. VP Operations Name: Chris O'Connor Phone: 1-800-401-2740 Extension: Fax: Email: ops@americas1stchoice.com Address: 5403, Church Ave N, City: Tampa State: FL Zip: 33614 Last Updated: 02/09/2011
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Contract Number: H5608
Legal Entity Name: DENVER HEALTH MEDICAL PLAN, INC.
Organization Marketing Name: Denver Health Medical Plan
Parent Organization: Denver Health Hospital Authority

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 3,003 Legal Entity Address: 777 Bannock Street Mail Code 6000 City: Denver State: CO Zip: 80204	Contact Title: Call Center Manager Name: Theresa Sager-Foster Phone: 1-303-602-2112 Extension: Fax: 1-303-602-2138 Email: Theresa.Sager-Foster@dhha.org Address: 777 Bannock Street Mail Code 6000 City: Denver State: CO Zip: 80204 Last Updated: 12/06/2010
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Contract Number: H5609
Legal Entity Name: GEMCARE HEALTH PLAN INC.
Organization Marketing Name: GEMCARE Health Plan
Parent Organization: Golden Empire Managed Care

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 7,025 Legal Entity Address: 4550 California Avenue Suite 100 City: Bakersfield State: CA Zip: 933091669	Contact Title: Marketing Manager Name: Ana Igoa Phone: 1-877-697-2464 Extension: Fax: Email: Info@gemcarehealthplan.com Address: 4550 California Avenue Suite 100 City: Bakersfield State: CA Zip: 93309 Last Updated: 10/10/2008
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Contract Number: H5610
Legal Entity Name: CARE RESOURCES, INC.
Organization Marketing Name: Care Resources
Parent Organization: Care Resources

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 6,358 Legal Entity Address: 500 12th Street, Suite 350 City: Oakland State: CA Zip: 94607	Contact Title: Name: Member Service Phone: 1-800-573-8597 Extension: Fax: Email: memberservice@arcadianhealth.com Address: 500 12th Street Suite 350 City: Oakland State: CA Zip: 94607 Last Updated: 05/25/2010
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Contract Number: H5628
Legal Entity Name: MOLINA HEALTHCARE OF UTAH, INC.
Organization Marketing Name: Molina Healthcare of Utah
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 6,646 Legal Entity Address: 7050 Union Park Center Suite 200 City: Midvale State: UT Zip: 84047	Contact Title: Name: Member Services Phone: 1-888-665-1328 Extension: Fax: Email: CentralizedOps.Medicare@MolinaHealthCare.com Address: 7050 South Union Park Center Drive Suite 200 City: Midvale State: UT Zip: 84047 Last Updated: 02/21/2011
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Contract Number: H5629
Legal Entity Name: COMMUNITY ELDERCARE OF SAN DIEGO
Organization Marketing Name: St. Paul's PACE
Parent Organization: Community Eldercare of San Diego

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 121 Legal Entity Address: 111 Elm Street City: San Diego State: CA Zip: 92101	Contact Title: Executive Director Name: Carol Hubbard Phone: 1-619-677-3800 Extension: Fax: 1-619-677-3888 Email: director@stpaulspace.org Address: 111 Elm Street City: San Diego State: CA Zip: 92101 Last Updated: 05/18/2010
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Contract Number: H5640
Legal Entity Name: IEHP HEALTH ACCESS
Organization Marketing Name: IEHP Medicare DualChoice HMO SNP
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: 4,639 Legal Entity Address: 303 E. Vanderbilt Way Suite 100 City: San Bernardino State: CA Zip: 92408	Contact Title: Member Services Name: Member Services Phone: 1-877-273-4347 Extension: Fax: 1-909-890-5877 Email: member_services@IEHP.org Address: 303 E. Vanderbilt Way, Suite 100 City: San Bernardino State: CA Zip: 92408 Last Updated: 02/05/2009
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Contract Number: H5649
Legal Entity Name: CENTRAL HEALTH PLAN OF CALIFORNIA, INC.
Organization Marketing Name: Central Health Medicare Plan
Parent Organization: Central Health Plan of California

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 9,298 Legal Entity Address: 1540 Bridgegate Drive City: Diamond Bar State: CA Zip: 91765	Contact Title: Name: Marketing Department Phone: 1-626-388-2390 Extension: 3106 Fax: 1-626-388-2379 Email: marketing@centralhealthplan.com Address: 1540 Bridgegate Drive City: Diamond Bar State: CA Zip: 91765 Last Updated: 01/07/2011
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Contract Number: H5652
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Erickson Advantage
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 4,854 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5656
Legal Entity Name: SELECTCARE HEALTH PLANS, INC.
Organization Marketing Name: Universal American
Parent Organization: Universal American Corp.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 6,368 Legal Entity Address: 4888 Loop Central Drive Suite 700 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 11/19/2009
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Contract Number: H5665
Legal Entity Name: CARE IMPROVEMENT PLUS OF MARYLAND, INC.
Organization Marketing Name: Care Improvement Plus
Parent Organization: XLHealth Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 594 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: H5679
Legal Entity Name: HMO COLORADO, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,482 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 06/22/2010
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Contract Number: H5685
Legal Entity Name: MIDWEST HEALTH PLAN, INC.
Organization Marketing Name: Midwest Advantage
Parent Organization: Midwest Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 383 Legal Entity Address: 5050 Schaefer Road City: Dearborn State: MI Zip: 48126	Contact Title: SR. DIRECTOR OF CORPORATE QUALITY Name: KATHLEEN M HARKNESS Phone: 1-313-586-6063 Extension: Fax: 1-313-827-5694 Email: KHARKNESS@MIDWESTHEALTHPLAN.COM Address: 4700 SCHAEFER ROAD Ste. 340 City: DEARBORN State: MI Zip: 48126 Last Updated: 12/31/2010
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Contract Number: H5696
Legal Entity Name: PHYSICIANS UNITED PLAN, INC.
Organization Marketing Name: PUP
Parent Organization: Physicians United Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 15,529 Legal Entity Address: 483 North Semoran Boulevard City: Winter Park State: FL Zip: 32792	Contact Title: Name: Member Services Phone: 1-866-571-0693 Extension: Fax: Email: memberservices@pupcorp.com Address: 9102 Southpark Center Loop Suite 200 City: Orlando State: FL Zip: 32819 Last Updated: 11/10/2009
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Contract Number: H5698
Legal Entity Name: WINDSOR HEALTH PLAN, INC.
Organization Marketing Name: Windsor Medicare Extra
Parent Organization: Munich American Holding Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 38,097 Legal Entity Address: 7100 Commerce Way, Ste 285 City: Brentwood State: TN Zip: 37027	Contact Title: Name: Customer Service Phone: 1-800-811-8482 Extension: Fax: Email: psheridan@whptn.com Address: 7100 Commerce Way, Ste 285 City: Brentwood State: TN Zip: 37027 Last Updated: 11/30/2010
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Contract Number: H5700
Legal Entity Name: ARKANSAS COMMUNITY CARE, INC.
Organization Marketing Name: Arkansas Community Care
Parent Organization: Arcadian Management Services Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 11,225 Legal Entity Address: 500 12th Street, Suite 350 City: Oakland State: CA Zip: 94607	Contact Title: Name: Member Service Phone: 1-800-573-8597 Extension: Fax: Email: memberservice@arcadianhealth.com Address: 500 12th Street Suite 350 City: Oakland State: CA Zip: 94607 Last Updated: 05/25/2010
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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: 695 Legal Entity Address: 110 West Fremont Street City: Owatonna State: MN Zip: 55060	Contact Title: MMSI Name: Provider Services Phone: 1-888-889-7822 Extension: Fax: Email: not.available@mnscha.org Address: PO Box 4014 City: Rochester State: MN Zip: 55903 Last Updated: 07/30/2009
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Contract Number: H5732
Legal Entity Name: TRIPLE-S SALUD, INC.
Organization Marketing Name: Triple-S Salud, INC.
Parent Organization: Triple-S Management Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 3,343 Legal Entity Address: P. O. Box 363628 City: San Juan State: PR Zip: 009363628	Contact Title: Customer Service Manager Name: Armando Gonzalez Phone: 1-800-510-0722 Extension: 5471 Fax: Email: armandog@ssspr.com Address: 1441 Franklin D. Roosevelt Ave. City: San Juan State: PR Zip: 00920 Last Updated: 08/25/2008
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Contract Number: H5746
Legal Entity Name: AMERIGROUP NEW MEXICO, INC.
Organization Marketing Name: Amerigroup Community Care of New Mexico
Parent Organization: AMERIGROUP Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 1,772 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: SecureHorizons by 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: 5,706 Legal Entity Address: 9900 Bren Road East Mail Route MN-008-W140 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H5750
Legal Entity Name: METROPOLITAN HEALTH PLAN
Organization Marketing Name: Cornerstone Solutions
Parent Organization: Metropolitan Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 240 Legal Entity Address: 400 South Fourth Street Suite 201 City: Minneapolis State: MN Zip: 55415	Contact Title: Member Services Manager Name: Fausto Iglesias Phone: 1-877-620-9090 Extension: Fax: 1-612-904-4267 Email: fausto.iglesias@co.hennepin.mn.us Address: 400 South 4th Street Suite 201 City: Minneapolis State: MN Zip: 55415 Last Updated: 02/16/2010
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Contract Number: H5774
Legal Entity Name: AMERICAN HEALTH, INC.
Organization Marketing Name: American Health Medicare
Parent Organization: Socios Mayores en Salud Holdings Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 41,120 Legal Entity Address: Microsoft Building Metro Office Park Suite 3000 Lot 18 City: Guaynabo State: PR Zip: 00922	Contact Title: Chief Sales and Marketing Officer Name: Kevin Grace Phone: 1-787-620-1919 Extension: 4040 Fax: 1-787-620-0929 Email: kgrace@ahmpr.com Address: P.O. Box 11320 City: San Juan State: PR Zip: 00922 Last Updated: 07/10/2009
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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: 6,215 Legal Entity Address: 360 Campus Lane Suite 100 City: Fairfield State: CA Zip: 94534	Contact Title: Data Entry and Enrollment Unit Coordinator Name: Lisa Harrison Phone: 1-866-264-3626 Extension: Fax: 1-707-863-4415 Email: LHarrison@partnershiphp.org Address: 360 Campus Lane, Suite 100 City: Fairfield State: CA Zip: 94534 Last Updated: 12/20/2010
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Contract Number: H5783
Legal Entity Name: ARCADIAN HEALTH PLAN, INC.
Organization Marketing Name: Southeast Community Care
Parent Organization: Arcadian Management Services Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 7,798 Legal Entity Address: 500 12th Street, Suite 350 City: Oakland State: CA Zip: 94607	Contact Title: Name: Member Service Phone: 1-800-573-8597 Extension: Fax: Email: memberservice@arcadianhealth.com Address: 500 12th Street Suite 350 City: Oakland State: CA Zip: 94607 Last Updated: 05/25/2010
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Contract Number: H5793
Legal Entity Name: AETNA HEALTH INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 2,736 Legal Entity Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 12/11/2007
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Contract Number: H5810
Legal Entity Name: MOLINA HEALTHCARE OF CALIFORNIA
Organization Marketing Name: Molina Healthcare of California
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 5,112 Legal Entity Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802	Contact Title: Name: Member Services Phone: 1-800-665-0898 Extension: Fax: Email: CentralizedOps.Medicare@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 07/21/2009
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Contract Number: H5811
Legal Entity Name: SCAN HEALTH PLAN
Organization Marketing Name: SCAN Health Plan
Parent Organization: SCAN Health Plan, 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: San Francisco Enrollment: 2,954 Legal Entity Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806	Contact Title: Member Services Name: Member Services Phone: 1-800-559-3500 Extension: Fax: Email: KMcBeath@scanhealthplan.com Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806 Last Updated: 11/03/2009
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Contract Number: H5813
Legal Entity Name: AETNA HEALTH, INC
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 1,828 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: 08/25/2006
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Contract Number: H5817
Legal Entity Name: AMERIGROUP TEXAS, INC.
Organization Marketing Name: Amerigroup Community Care
Parent Organization: AMERIGROUP Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 8,216 Legal Entity Address: 3800 Buffalo Speedway Suite 400 City: Houston State: TX Zip: 77098	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street City: Tampa State: FL Zip: 33607 Last Updated: 06/11/2009
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Contract Number: H5820
Legal Entity Name: UNIVERSAL HEALTH CARE INSURANCE COMPANY
Organization Marketing Name: UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.
Parent Organization: Universal Health Care Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 33,150 Legal Entity Address: 100 CENTRAL AVENUE SUITE 200 City: SAINT PETERSBURG State: FL Zip: 33701	Contact Title: Compliance Officer Name: Nirali Patel Phone: 1-866-690-4842 Extension: 6582 Fax: 1-727-329-1904 Email: npatel@univhc.com Address: UNIVERSAL HEALTH CARE, INC. 100 CENTRAL AVENUE, SUITE 200 City: SAINT PETERSBURG State: FL Zip: 33701 Last Updated: 10/15/2010
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Contract Number: H5821
Legal Entity Name: MAPFRE LIFE INSURANCE COMPANY
Organization Marketing Name: MAPFRE LIFE INSURANCE COMPANY
Parent Organization: MAPFRE PRAICO CORPORATION

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 12,192 Legal Entity Address: Urb. Tres Monjitas Industrial 297 Carlos Chardsn Ave. City: San Juan State: PR Zip: 009181410	Contact Title: Medicare Coordinator Name: Marlene Pierce Phone: 1-787-250-6500 Extension: 7080 Fax: 1-787-772-8886 Email: mpierce@mapfrepr.com Address: PO Box 70297 City: San Juan State: PR Zip: 00936-8297 Last Updated: 12/04/2007
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Contract Number: H5822
Legal Entity Name: MIDLAND CARE CONNECTION
Organization Marketing Name: Midland PACE
Parent Organization: MIDLAND HOSPICE, 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: 80 Legal Entity Address: 200 SW Frazier Circle City: Topeka State: KS Zip: 66606	Contact Title: VP Operations Name: Harmony Hines Phone: 1-785-232-2044 Extension: Fax: Email: hhines@midlandcc.org Address: 200 SW Frazier Circle City: Topeka State: KS Zip: 66606 Last Updated: 07/20/2010
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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: Denver Enrollment: 3,297 Legal Entity Address: 21540 30th Dr. SE Suite 400 City: Bothell State: WA Zip: 98021	Contact Title: Name: Member Services Phone: 1-800-665-1029 Extension: Fax: Email: CentralizedOps.Medicare@MolinaHealthCare.com Address: 21450 30th Dr SE, Suite 400 City: Bothell State: WA Zip: 98021 Last Updated: 02/28/2011
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Contract Number: H5826
Legal Entity Name: COMMUNITY HEALTH PLAN OF WASHINGTON
Organization Marketing Name: Community HealthFirst Medicare Advantage Plan
Parent Organization: Community Health Plan of Washington

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 12,511 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.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 150 Legal Entity Address: 980 Jolly Road City: BLUE BELL State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 08/25/2006
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Contract Number: H5850
Legal Entity Name: COVENTRY SUMMIT HEALTH PLAN, INC.
Organization Marketing Name: Coventry Summit Health Plan
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 28,013 Legal Entity Address: 1340 Concord Terrace City: Sunrise State: FL Zip: 33323	Contact Title: Name: VISTA Customer Service Phone: 1-281-986-8157 Extension: Fax: Email: noemail@cvty.com Address: 14955 Heathrow Forest Pkwy City: Houston State: TX Zip: 77032 Last Updated: 10/12/2010
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Contract Number: H5852
Legal Entity Name: AIDS HEALTHCARE FOUNDATION
Organization Marketing Name: POSITIVE HEALTHCARE PARTNERS
Parent Organization: AIDS Healthcare Foundation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 740 Legal Entity Address: 6255 WEST SUNSET BLVD 21ST FLR. City: LOS ANGELES State: CA Zip: 90028	Contact Title: Director of Member Services & Fulfillment Name: Michael O'Malley Phone: 1-800-263-0067 Extension: Fax: 1-323-436-5034 Email: michael.omalley@aidshealth.org Address: 1001 N. Martel Ave. City: Los Angeles State: CA Zip: 90046 Last Updated: 05/10/2010
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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: 3,752	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 06/22/2010
Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	

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: 7,067	Contact Title: Member Services Supervisor Name: David Lima Phone: 1-800-224-4840 Extension: Fax: 1-503-416-3720 Email: limad@careoregon.org Address: CareOregon Advantage 315 SW Fifth Avenue, Suite 900 City: Portland State: OR Zip: 97204 Last Updated: 05/01/2007
Legal Entity Address: 315 SW Fifth Ave. Suite 900 City: Portland State: OR Zip: 97204	

Contract Number: H5862
Legal Entity Name: BLUE CROSS OF IDAHO HEALTH SERVICES, INC.
Organization Marketing Name: Blue Cross of Idaho
Parent Organization: Blue Cross of Idaho Health Services, Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 1,243	Contact Title: Mgr Customer Advocates Name: Sheri Core Phone: 1-888-494-2583 Extension: Fax: 1-208-387-6811 Email: score@bcidaho.com Address: 3000 E. Pine Ave. City: Meridian State: ID Zip: 83642 Last Updated: 01/07/2011
Legal Entity Address: 3000 E. Pine Avenue City: Meridian State: ID Zip: 83642	

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: 13,335	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	

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: 41,567 Legal Entity Address: 20500 Civic Center Drive City: Southfield State: MI Zip: 48076	Contact Title: Manager, Provider Affairs Name: Ashley Mabbitt Phone: 1-800-344-8525 Extension: Fax: Email: amabbitt@bcbsm.com Address: 20500 Civic Center Dr. City: Southfield State: MI Zip: 48076 Last Updated: 04/21/2009
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Contract Number: H5884
Legal Entity Name: BLUECROSS BLUESHIELD OF TENNESSEE
Organization Marketing Name: BlueCross BlueShield of Tennessee
Parent Organization: BlueCross BlueShield of Tennessee

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 1,228 Legal Entity Address: 1 Cameron Hill Circle City: Chattanooga State: TN Zip: 37402	Contact Title: Supervisor Medicare Advantage Operations Name: Carol Troxell Phone: 1-800-841-7434 Extension: Fax: Email: Carol_Troxell@bcbst.com Address: 1 Cameron Hill City: Chattanooga State: TN Zip: 37402 Last Updated: 07/13/2009
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Contract Number: H5887
Legal Entity Name: FIRST MEDICAL HEALTH PLAN, INC.
Organization Marketing Name: First Medical Health Plan, Inc.
Parent Organization: First Medical Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 3,193 Legal Entity Address: P.O. Box 191580 City: San Juan State: PR Zip: 009191580	Contact Title: Compliance Officer Name: Alejandra Echevarria Phone: 1-787-625-9557 Extension: 246 Fax: 1-787-300-3918 Email: a.echevarria@firstpluspr.com Address: P.O. Box 195200 City: San Juan State: PR Zip: 00919 Last Updated: 12/17/2009
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Contract Number: H5895
Legal Entity Name: CONTRA COSTA CO MED SVCS DBA CONTRA COSTA HEALTH
Organization Marketing Name: Contra Costa Health Plan
Parent Organization: Contra Costa Health Services

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not Applicable CMS Region Responsible: San Francisco Enrollment: 164 Legal Entity Address: 595 Center Ave. 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: 04/27/2010
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Contract Number: H5896
Legal Entity Name: AMERIGROUP MARYLAND, INC.
Organization Marketing Name: Amerigroup Community Care
Parent Organization: AMERIGROUP Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 1,368 Legal Entity Address: 7550 Teague Road Suite 500 City: Hanover State: MD Zip: 21076	Contact Title: Name: Dedicated Service Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: 4200 West Cypress Street Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 06/11/2009
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Contract Number: H5926
Legal Entity Name: MOLINA HEALTHCARE OF MICHIGAN
Organization Marketing Name: Molina Healthcare of Michigan
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 6,618 Legal Entity Address: 100 W. Big Beaver Suite 600 City: Troy State: MI Zip: 48084	Contact Title: Name: Member Services Phone: 1-800-665-3072 Extension: Fax: Email: CentralizedOps.Medicare@MolinaHealthCare.com Address: 100 W Big Beaver Rd, Suite 500 City: Troy State: MI Zip: 48084 Last Updated: 02/23/2011
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Contract Number: H5928
Legal Entity Name: CARE1ST HEALTH PLAN
Organization Marketing Name: Care1st Medicare Advantage Plan
Parent Organization: Care1st Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 14,340 Legal Entity Address: 601 Potrero Grande City: Monterey Park State: CA Zip: 917557407	Contact Title: V.P., Pharmacy/Medicare Operations 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: 03/02/2011
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Contract Number: H5932
Legal Entity Name: GATEWAY HEALTH PLAN, INC.
Organization Marketing Name: Gateway Health Plan Medicare Assured
Parent Organization: Gateway Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 27,001 Legal Entity Address: 600 Grant Street - 41st Floor City: Pittsburgh State: PA Zip: 15219	Contact Title: Name: Gateway Health Plan Phone: 1-800-685-5209 Extension: Fax: Email: medicareassured@gatewayhealthplan.com Address: 600 Grant Street, 41st Floor City: Pittsburgh State: PA Zip: 15219 Last Updated: 12/11/2007
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Contract Number: H5934
Legal Entity Name: HOPE HOSPICE AND COMMUNITY SERVICES, INC.
Organization Marketing Name: Hope PACE
Parent Organization: Hope Hospice and Community Services, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 127 Legal Entity Address: 9470 HealthPark Circle City: Fort Myers State: FL Zip: 33908	Contact Title: Business Analyst Name: Ron Burris Phone: 1-239-985-6400 Extension: 76404 Fax: 1-239-985-6411 Email: ron.burris@hopehospice.org Address: 2668 Winkler Ave. City: Ft. Myers State: FL Zip: 33901 Last Updated: 02/01/2008
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Contract Number: H5938
Legal Entity Name: CAPITAL HEALTH PLAN
Organization Marketing Name: Capital Health Plan
Parent Organization: Blue Cross and Blue Shield of Florida

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 11,243 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, 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: San Francisco Enrollment: 490 Legal Entity Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806	Contact Title: Member Services Name: Member Services Phone: 1-800-559-3500 Extension: Fax: Email: KMcBeath@scanhealthplan.com Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806 Last Updated: 07/02/2009
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Contract Number: H5948
Legal Entity Name: ARTA MEDICARE HEALTH PLAN, INC.
Organization Marketing Name: Arta Medicare Health Plan
Parent Organization: ARTA MEDICARE HEALTH PLAN, 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: 404 Legal Entity Address: 1640 E. Hill Street. City: Signal Hill State: CA Zip: 90755	Contact Title: Director of Information Technology Name: David Medlock Phone: 1-562-344-3486 Extension: Fax: 1-866-246-6595 Email: DMedlock@mdcareinc.com Address: 1640 E Hill Street City: Signal Hill State: CA Zip: 90755 Last Updated: 12/03/2010
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Contract Number: H5950
Legal Entity Name: AETNA HEALTH INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 13 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: H5969
Legal Entity Name: ALOHACARE
Organization Marketing Name: AlohaCare
Parent Organization: AlohaCare

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 2,112 Legal Entity Address: 1357 Kapiolani Blvd., Suite 1250 City: Honolulu State: HI Zip: 96814	Contact Title: Public Relations Manager Name: Susie Nguyen Phone: 1-808-973-0850 Extension: Fax: 1-808-973-0726 Email: snguyen@alohacarehawaii.org Address: 1357 Kapiolani Blvd., Suite 1250 City: Honolulu State: HI Zip: 96814 Last Updated: 08/26/2010
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Contract Number: H5970
Legal Entity Name: HUMANA INSURANCE COMPANY OF NEW YORK
Organization Marketing Name: Humana Insurance Company of New York
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 2,380 Legal Entity Address: 290 Elwood Davis Road SUITE 225 City: Liverpool State: NY Zip: 13088	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H5978
Legal Entity Name: PHI LIFE
Organization Marketing Name: PHI LIFE dba everyday LIFE
Parent Organization: PHI LIFE

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 31 Legal Entity Address: One Trinity Drive East Suite 201 City: Dillsburg State: PA Zip: 17019	Contact Title: VP Home and Community Based Services Name: Cyndi Walters Phone: 1-717-502-8877 Extension: Fax: Email: cwalters@presbyterianseniorliving.org Address: One Trinity Drive East Suite 201 City: Dillsburg State: PA Zip: 17019 Last Updated: 06/10/2010
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Contract Number: H5980
Legal Entity Name: FIDELIS SECURECARE OF TEXAS, INC.
Organization Marketing Name: Fidelis SecureCare of Texas, Inc.
Parent Organization: Fidelis SecureCare

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 129 Legal Entity Address: 17625 El Camino Real Suite 210 City: Houston State: TX Zip: 77058	Contact Title: Manager - Customer Services-Production Name: Ronald Rome Phone: 1-877-372-8085 Extension: Fax: Email: rrome@tmghealth.com Address: 201 Lackawanna Ave City: Scranton State: PA Zip: 18503 Last Updated: 12/03/2010
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Contract Number: H5985
Legal Entity Name: ABRAZO ADVANTAGE HEALTH PLAN
Organization Marketing Name: Abrazo Advantage Health Plan
Parent Organization: Vanguard Health Systems

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,685 Legal Entity Address: 7878 N. 16th St. Suite 105 City: Phoenix State: AZ Zip: 85020	Contact Title: Director of Marketing Name: Myrna Chaydez Phone: 1-602-824-3976 Extension: Fax: 1-602-674-6655 Email: mchaydez@abrazohealth.com Address: 7878 N. 16th St. Suite 105 City: Phoenix State: AZ Zip: 85020 Last Updated: 09/04/2009
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Contract Number: H5989
Legal Entity Name: COMPREHENSIVE CARE MANAGEMENT CORP.
Organization Marketing Name: Comprehensive Care Management Corp.
Parent Organization: Bethco Corporation

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: 243 Legal Entity Address: 1250 Waters Place Tower 1, Suite 602 City: Bronx State: NY Zip: 10461	Contact Title: Name: Felice Liburd Phone: 1-347-640-6170 Extension: Fax: Email: fliburd@bethabe.org Address: 1250 Waters Place Tower 1, Suite 602 City: Bronx State: NY Zip: 10461 Last Updated: 06/25/2010
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Contract Number: H5991
Legal Entity Name: AFFINITY HEALTH PLAN, INC.
Organization Marketing Name: Affinity Health Plan
Parent Organization: Affinity Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 2,892 Legal Entity Address: 2500 Halsey Street City: Bronx State: NY Zip: 10461	Contact Title: Director of Customer Service Name: Evelyn Rodriguez Phone: 1-718-794-6228 Extension: Fax: Email: erodriguez@affinityplan.org Address: 2500 Halsey Street City: Bronx State: NY Zip: 10461 Last Updated: 02/09/2010
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Contract Number: H5992
Legal Entity Name: SENIOR WHOLE HEALTH, LLC
Organization Marketing Name: Senior Whole Health of New York
Parent Organization: Senior Whole Health, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 789 Legal Entity Address: 58 Charles Street, 2nd Floor City: Cambridge State: MA Zip: 02141	Contact Title: Chief Information Officer Name: Marie Maloney Phone: 1-617-494-5353 Extension: 6313 Fax: 1-617-494-5599 Email: MMaloney@seniorwholehealth.com Address: 58 Charles Street, 2nd Floor City: Cambridge State: MA Zip: 02141 Last Updated: 01/28/2010
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Contract Number: H5995
Legal Entity Name: MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.
Organization Marketing Name: Marion Polk Community Health Plan Advantage, Inc.
Parent Organization: Marion Polk Community Health Plan, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 3,250 Legal Entity Address: 2995 Ryan Drive City: Salem State: OR Zip: 97301	Contact Title: Customer Service Name: Customer Service Phone: 1-866-869-1514 Extension: Fax: 1-503-566-9801 Email: cs-mpchpa@phtech.com Address: PO Box 5490 City: Salem State: OR Zip: 97304 Last Updated: 12/29/2010
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Contract Number: H5998
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: 2,603 Legal Entity Address: 1300 RIVER DRIVE, SUITE 200 City: MOLINE State: IL Zip: 61265	Contact Title: Member Services Name: Unison Unison Phone: 1-800-290-4009 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 300 Oxford Drive City: Monroeville State: PA Zip: 15146 Last Updated: 12/01/2009
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Contract Number: 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: 817 Legal Entity Address: P.O.BOX 12916 City: OAKLAND State: CA Zip: 946042916	Contact Title: Name: Member Services Phone: 1-800-443-0815 Extension: Fax: Email: msc@kp.org Address: 393 E Walnut St Fl 7 City: Pasadena State: CA Zip: 91188 Last Updated: 04/17/2009
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Contract Number: H6052
Legal Entity Name: KAISER FOUNDATION HP, INC.
Organization Marketing Name: Kaiser Permanente Medicare Cost
Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 3,067 Legal Entity Address: ONE KAISER PLAZA City: OAKLAND State: CA Zip: 94612	Contact Title: Name: Member Services Phone: 1-800-443-0815 Extension: Fax: Email: msc@kp.org Address: 393 E Walnut St Fl 7 City: Pasadena State: CA Zip: 91188 Last Updated: 04/17/2009
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Contract Number: H6053
Legal Entity Name: SANTE FE EMPLOYEES HOSPITAL ASSN.
Organization Marketing Name: Santa Fe Employees 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: 598 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: H6140
Legal Entity Name: WABASH MEM. HOSPITAL
Organization Marketing Name: Wabash Mem. Hospital
Parent Organization: Wabash Memorial Hospital Association

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 1,749 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: 884 Legal Entity Address: 333 SOUTH ASHLAND AVENUE City: CHICAGO State: IL Zip: 60607	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: 1,491 Legal Entity Address: 1634 WEST POLK STREET City: CHICAGO State: IL Zip: 60612	Contact Title: No contact data submitted Name: Phone: Extension: Fax: Email: Address: City: State: Zip: Last Updated:
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Contract Number: H6143
Legal Entity Name: UNION MEDICAL CENTER
Organization Marketing Name: Union Medical Center
Parent Organization: Union Medical Center

Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 02/01/1983 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 812 Legal Entity Address: 1657 WEST ADAMS STREET City: CHICAGO State: IL Zip: 60612	Contact Title: No contact data submitted Name: Phone: Extension: Fax: Email: Address: City: State: Zip: Last Updated:
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Contract Number: H6169
Legal Entity Name: THE PYRAMID LIFE INSURANCE COMPANY
Organization Marketing Name: Universal American
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: 26,948 Legal Entity Address: 4888 Loop Central Drive Suite 700 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 12/10/2009
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Contract Number: H6178
Legal Entity Name: CARESOURCE
Organization Marketing Name: CareSource
Parent Organization: CareSource

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: 852 Legal Entity Address: 230 N. Main Street City: Dayton State: OH Zip: 45402	Contact Title: Director of Communications Name: Michelle Chapman Phone: 1-937-224-3300 Extension: 2910 Fax: 1-937-425-0864 Email: michelle.chapman@caresource.com Address: P. O. Box 8738 City: Dayton State: OH Zip: 45401 Last Updated: 12/07/2009
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Contract Number: H6181
Legal Entity Name: AMERIGROUP NEW YORK, LLC
Organization Marketing Name: Amerigroup Community Care
Parent Organization: AMERIGROUP Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 919 Legal Entity Address: 360 West 31st Street 5th Floor City: New York State: NY Zip: 10001	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 06/11/2009
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Contract Number: H6231
Legal Entity Name: FRANCISCAN PACE, INC.
Organization Marketing Name: PACE Baton Rouge
Parent Organization: Franciscan PACE, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 07/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 106 Legal Entity Address: 7436 Bishop Ott Drive City: Baton Rouge State: LA Zip: 70808	Contact Title: Executive Director Name: Karen Allen Phone: 1-225-490-0322 Extension: Fax: 1-225-490-0354 Email: karen.allen@fmolhs.org Address: 7436 Bishop Ott Drive City: Baton Rouge State: LA Zip: 70806 Last Updated: 03/13/2009
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Contract Number: H6264
Legal Entity Name: HEALTHPLUS PHSP, INC.
Organization Marketing Name: Health Plus Elite
Parent Organization: Lutheran Medical Center

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 2,081 Legal Entity Address: 335 Adams Street, 26 Floor City: Brooklyn State: NY Zip: 11201	Contact Title: VP, Network Management Name: Cleo Dixon Phone: 1-718-491-6770 Extension: Fax: 1-718-504-9676 Email: cdixon@healthplus-ny.org Address: 335 Adams Street 26th Floor City: Brooklyn State: NY Zip: 11201 Last Updated: 03/04/2008
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Contract Number: H6328
Legal Entity Name: CARE N' CARE INSURANCE COMPANY, INC.
Organization Marketing Name: Care N' Care Health Plan
Parent Organization: North Texas Specialty Physicians

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 2,985 Legal Entity Address: 1701 River Run Suite 402 City: Fort Worth State: TX Zip: 76107	Contact Title: Chief Operating Officer Name: Brad Larson Phone: 1-817-529-9234 Extension: Fax: 1-817-332-3614 Email: blarson@cnchealthplan.com Address: 1701 River Run Suite 402 City: Fort Worth State: TX Zip: 76107 Last Updated: 04/15/2009
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Contract Number: H6334 Legal Entity Name: NY HOTEL TRADES COUNCIL and HOTEL ASSN OF NYC Organization Marketing Name: NY Hotel Trades Council and Hotel Assn. of NYC Parent Organization: NY Hotel Trades Council&Hotel Assn of NYC	
Organization Type: HCPP - 1833 Cost Plan Type: HCPP - 1833 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 4,001 Legal Entity Address: 305 WEST 44TH STREET City: NEW YORK State: NY Zip: 10036	Contact Title: Compliance Officer, Government Programs Name: Jordan Beasley Phone: 1-212-586-6400 Extension: Fax: Email: jbeasley@hotelfunds.org Address: 305 West 44th Street City: New York State: NY Zip: 11101 Last Updated: 12/27/2007
Contract Number: H6360 Legal Entity Name: KAISER FOUNDATION HP OF OHIO Organization Marketing Name: Kaiser Permanente Medicare Plus 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: 19,276 Legal Entity Address: North Point Tower, Suite 1200 1001 Lakeside Avenue City: CLEVELAND State: OH Zip: 441141153	Contact Title: Department Name: Customer Relations Phone: 1-800-493-6004 Extension: Fax: 1-216-635-4453 Email: phyllis.a.tennant@kp.org Address: 5500 Lancaster Drive City: Brooklyn Heights State: OH Zip: 44131 Last Updated: 12/22/2010
Contract Number: H6371 Legal Entity Name: LUTERHAN 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: 30 Legal Entity Address: 6 Terri Lane Suite 300 City: Burlington State: NJ Zip: 08016	Contact Title: Executive Director Name: Beth Eichfeld Phone: 1-201-499-3870 Extension: Fax: 1-201-706-2092 Email: beichfeld@lsmnj.org Address: 377 Jersey Avenue Suite 310 City: Jersey City State: NJ Zip: 07302 Last Updated: 03/04/2011
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: 6,525 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010

Contract Number: H6528
Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
Organization Marketing Name: Care Improvement Plus
Parent Organization: XLHealth Corporation

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 894 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: 61 Legal Entity Address: 2500 Interplex Drive City: Trevese State: PA Zip: 19053	Contact Title: Executive Director Name: Emily Amerman Phone: 1-267-991-7620 Extension: Fax: 1-267-991-7618 Email: eamerman@stmaryhealthcare.org Address: 2500 Interplex Drive City: Trevese State: PA Zip: 19053 Last Updated: 05/10/2010
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Contract Number: H6609
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 82,124 Legal Entity Address: 1100 EMPLOYERS BLVD City: DePERE State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H6622
Legal Entity Name: HUMANA WISCONSINHEALTH ORGANIZATION INSURANCE CORP
Organization Marketing Name: Humana Wisconsin Health Organization Insurance Cor
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: 2,957 Legal Entity Address: N19W24133 Riverwood Drive Suite 300 City: Waukesha State: WI Zip: 531881455	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H6642
Legal Entity Name: UNIVERSAL HMO OF TEXAS, INC.
Organization Marketing Name: Universal HMO of Texas, Inc.
Parent Organization: Universal Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 2,873 Legal Entity Address: 100 Central Avenue, Suite 200 City: St. Petersburg State: FL Zip: 33701	Contact Title: Compliance Officer Name: Nirali Patel Phone: 1-866-690-4842 Extension: 6582 Fax: 1-727-329-1904 Email: npatel@univhc.com Address: UNIVERSAL HEALTH CARE, INC. 100 CENTRAL AVENUE, SUITE 200 City: SAINT PETERSBURG State: FL Zip: 33701 Last Updated: 10/15/2010
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Contract Number: H6705
Legal Entity Name: UNIVERSAL HEALTH CARE OF NEVADA, INC.
Organization Marketing Name: Universal Health Care of Nevada, Inc.
Parent Organization: Universal Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 179 Legal Entity Address: 100 Central Avenue Suite 200 City: St. Petersburg State: FL Zip: 33701	Contact Title: Compliance Officer Name: Nirali Patel Phone: 1-866-690-4842 Extension: 6582 Fax: 1-727-329-1904 Email: npatel@univhc.com Address: UNIVERSAL HEALTH CARE, INC. 100 CENTRAL AVENUE, SUITE 200 City: SAINT PETERSBURG State: FL Zip: 33701 Last Updated: 10/15/2010
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Contract Number: H6743
Legal Entity Name: ATRIO HEALTH PLANS
Organization Marketing Name: ATRIO Health Plans
Parent Organization: ATRIO Health Plans

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 4,195 Legal Entity Address: 2270 NW Aviation Way City: Roseburg State: OR Zip: 97470	Contact Title: Director of Compliance and Plan Administration Name: Rose Novak Phone: 1-541-672-8620 Extension: 5386 Fax: 1-541-672-8670 Email: rose.novak@atriohp.com Address: 2270 NW Aviation Dr, Suite 3 City: Roseburg State: OR Zip: 97470 Last Updated: 07/22/2010
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Contract Number: H6815
Legal Entity Name: HEALTH NET HEALTH PLAN OF OREGON
Organization Marketing Name: Health Net Medicare Advantage
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: 59 Legal Entity Address: 13221 SW 68th Parkway, Ste 200 City: Tigard State: OR Zip: 971367	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-888-445-8913 Extension: Fax: Email: notavailable@healthnet.com Address: 13221 SW 68th Parkway City: Tigard State: OR Zip: 97223-8328 Last Updated: 02/03/2010
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Contract Number: H6864
Legal Entity Name: GUILDNET, INC.
Organization Marketing Name: GuildNet
Parent Organization: Guildnet, 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: New York Enrollment: 313 Legal Entity Address: 15 WEST 65TH STREET City: NEW YORK State: NY Zip: 10023	Contact Title: VP, Medicare Services Name: Toni Cassetta Phone: 1-917-386-9129 Extension: Fax: 1-212-769-1621 Email: cassetat@jgb.org Address: 15 West 65th Street City: New York State: NY Zip: 10023 Last Updated: 07/08/2008
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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: Dr. Kiran C. Patel

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 80 Legal Entity Address: 250 Berry Hill Road Suite #311 City: Columbia State: SC Zip: 29210	Contact Title: Name: Jane Young Phone: 1-803-748-4533 Extension: 2223 Fax: Email: AFCOPS@americas1stchoice.com Address: 250 Berryhill Rd Suite 311 City: Columbia State: SC Zip: 29210 Last Updated: 12/17/2010
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Contract Number: H6900
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 6,241 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H6923
Legal Entity Name: AETNA HEALTH
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 967 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: 01/24/2008
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Contract Number: H6952
Legal Entity Name: UNITEDHEALTHCARE OF THE GREAT LAKES HLTH 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: 2,093 Legal Entity Address: 26957 Northwestern Highway, Suite 400 City: Southfield State: MI Zip: 48033	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587 Extension: Fax: Email: Marsha_R_Boyer@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 12/01/2009
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Contract Number: H7002
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 2,182 Legal Entity Address: 1100 Employers Blvd. City: Depere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H7006
Legal Entity Name: MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC.
Organization Marketing Name: Marion Polk Community Health Plan Advantage, Inc.
Parent Organization: Marion Polk Community Health Plan, LLC

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 2,311 Legal Entity Address: 2995 Ryan Drive City: Salem State: OR Zip: 97301	Contact Title: Customer Service Name: Customer Service Phone: 1-866-869-1514 Extension: Fax: 1-503-566-9801 Email: cs-mpchpa@phtech.com Address: PO Box 5490 City: Salem State: OR Zip: 97304 Last Updated: 12/29/2010
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Contract Number: H7015
Legal Entity Name: HEALTHFIRST HEALTH PLAN OF NEW JERSEY, INC.
Organization Marketing Name: Healthfirst NJ Medicare Plan
Parent Organization: HF Management Services, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 5,197 Legal Entity Address: 25 Broadway 9th Floor City: New York State: NY Zip: 10004	Contact Title: Healthfirst Medicare Plan Name: Customer Service Phone: 1-888-801-1660 Extension: Fax: Email: webmaster@healthfirst.org Address: 25 Broadway 9th Floor City: New York State: NY Zip: 10004 Last Updated: 04/09/2008
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Contract Number: H7086
Legal Entity Name: COMMUNITY HEALTH GROUP
Organization Marketing Name: Community Health Group
Parent Organization: Community Health Group

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 918 Legal Entity Address: 740 BAY BOULEVARD City: CHULA VISTA State: CA Zip: 91910	Contact Title: Enrollment Liaison Name: Judith Fernandez Phone: 1-619-498-6418 Extension: Fax: 1-619-422-5930 Email: jferna@chgsd.com Address: 740 Bay Blvd. City: Chula Vista State: CA Zip: 91910-5254 Last Updated: 12/20/2010
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Contract Number: H7149
Legal Entity Name: COVENTRY HEALTH CARE OF NEBRASKA, INC.
Organization Marketing Name: Coventry Health Care
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 2,833 Legal Entity Address: 15950 West Dodge Road City: Omaha State: NE Zip: 681184030	Contact Title: VP of Medicare Name: Richard Sloma Phone: 1-866-901-4692 Extension: Fax: Email: rnsloma@cvty.com Address: 4320 114th St City: Urbandale State: IA Zip: 50322 Last Updated: 10/25/2010
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Contract Number: H7173
Legal Entity Name: PEACH STATE HEALTH PLAN, INC.
Organization Marketing Name: Advantage by Peach State
Parent Organization: CENTENE CORP GRP

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: * Legal Entity Address: 3200 Highland Parkway Suite 300 City: Smyrna State: GA Zip: 30082	Contact Title: VP, Regulatory Affairs, Marketing & Comm, Cust Ser Name: Debra Peterson-Smith Phone: 1-678-556-2300 Extension: 62335 Fax: Email: desmith@centene.com Address: 3200 Highlands Parkway SE Suite 300 City: Smyrna State: GA Zip: 30082 Last Updated: 02/24/2010
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Contract Number: H7179
Legal Entity Name: ARCADIAN HEALTH PLAN OF LOUISIANA, INC.
Organization Marketing Name: Arcadian Community Care
Parent Organization: Arcadian Management Services Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 4,637 Legal Entity Address: 500 12th Street, Suite 350 City: Oakland State: CA Zip: 94607	Contact Title: Name: Member Service Phone: 1-800-573-8597 Extension: Fax: Email: memberservice@arcadianhealth.com Address: 500 12th Street Suite 350 City: Oakland State: CA Zip: 94607 Last Updated: 05/25/2010
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Contract Number: H7187
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by 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: 11,143 Legal Entity Address: 9900 Bren Rd East MN008-T440 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H7188
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 7,507 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H7195
Legal Entity Name: NORTHLAND PACE PROGRAM
Organization Marketing Name: Northland PACE Program
Parent Organization: Northland Healthcare Alliance

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 08/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 55 Legal Entity Address: 201 N 24th St City: Bismarck State: ND Zip: 58501	Contact Title: Name: Mark Seibold Phone: 1-701-751-3050 Extension: Fax: 1-701-751-3053 Email: mseibold@northlandhealth.com Address: 201 North 24th Street City: Bismarck State: ND Zip: 58501 Last Updated: 10/26/2009
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Contract Number: H7200
Legal Entity Name: AMERIGROUP TENNESSEE, INC.
Organization Marketing Name: Amerigroup Community Care
Parent Organization: AMERIGROUP Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 1,507 Legal Entity Address: 22 Century Blvd. Suite 310 City: Nashville State: TN Zip: 37214	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 06/15/2009
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Contract Number: H7220
Legal Entity Name: CLARIAN HEALTH PLANS, INC.
Organization Marketing Name: Clarian Health Plans, Inc. - Clarian Medicare
Parent Organization: Clarian Health Partners, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 7,911 Legal Entity Address: 1776 N. Meridian Street, Suite 300 City: Indianapolis State: IN Zip: 46202	Contact Title: Director, Customer Solutions Center Name: Trina Gibson Phone: 1-317-963-9700 Extension: Fax: Email: tgibson2@iuhealth.org Address: 1776 N. Meridian Street Suite 300 City: Indianapolis State: IN Zip: 46202 Last Updated: 02/14/2011
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Contract Number: H7281
Legal Entity Name: BRAVO HEALTH PENNSYLVANIA, INC.
Organization Marketing Name: Bravo Health
Parent Organization: HealthSpring, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 3,017 Legal Entity Address: 1500 Spring Garden, 8th Floor City: Philadelphia State: PA Zip: 19130	Contact Title: Name: Member Services Phone: 1-800-291-0396 Extension: Fax: Email: memberservices@bravohealth.com Address: 3601 O'Donnell Street City: Baltimore State: MD Zip: 21224 Last Updated: 02/16/2009
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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: 3,472 Legal Entity Address: 1240 South Loop Road City: Alameda State: CA Zip: 94502	Contact Title: Program Manager Name: Suzanne Tsang Phone: 1-877-585-7526 Extension: Fax: 1-877-749-4563 Email: STsang@alamedaalliance.org Address: 1240 South Loop Road City: Alameda State: CA Zip: 94502 Last Updated: 09/30/2010
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Contract Number: H7301
Legal Entity Name: PERSONAL CARE INSURANCE OF ILLINOIS
Organization Marketing Name: PersonalCare
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 9,983 Legal Entity Address: 2110 Fox Drive, Ste. A City: Champaign State: IL Zip: 61820	Contact Title: President Name: Roman Kulich Phone: 1-314-506-1856 Extension: Fax: Email: rtkulich@cvty.com Address: 550 Maryville Centre Drive Suite 300 City: St. Louis State: MO Zip: 63141 Last Updated: 02/15/2011
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Contract Number: H7306
Legal Entity Name: FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY
Organization Marketing Name: Coventry Health Care
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 2,386 Legal Entity Address: 6705 Rockledge Drive Suite 900 City: Bethesda State: MD Zip: 20817	Contact Title: Chief Operating Officer Name: Aaron Molitor Phone: 1-800-727-9712 Extension: Fax: Email: asmolitor@cvty.com Address: 8320 Ward Parkway City: Kansas City State: MO Zip: 64114 Last Updated: 10/26/2010
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Contract Number: H7341
Legal Entity Name: STERLING LIFE INSURANCE COMPANY
Organization Marketing Name: Guardian Healthcare, Inc.
Parent Organization: Munich American Holding Corporation

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 3,908 Legal Entity Address: 2219 Rimland drive City: Bellingham State: WA Zip: 98226	Contact Title: Manager, Customer Service Name: Wendi Western Phone: 1-360-392-9073 Extension: Fax: 1-360-392-9100 Email: Wendi.Western@sterlingplans.com Address: 2219 Rimland Drive PO Box 5348 City: Bellingham State: WA Zip: 98227-5348 Last Updated: 02/16/2011
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Contract Number: H7352
Legal Entity Name: UPH/MIHS VENTURES L.L.C.
Organization Marketing Name: University Physicians/Maricopa Care Advantage
Parent Organization: UA Healthcare, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,200 Legal Entity Address: 2701 E. Elvira City: Tucson State: AZ Zip: 85756	Contact Title: Medicare Program Manager Name: Ann Turner Phone: 1-877-874-3930 Extension: Fax: 1-520-874-5555 Email: aturner@uph.org Address: 2701 E. Elvira City: Tucson State: AZ Zip: 85756 Last Updated: 11/24/2010
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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: 177 Legal Entity Address: 2802 International Lane PO Box 14017 City: Madison State: WI Zip: 537080017	Contact Title: Name: Customer Service Phone: 1-800-963-0035 Extension: Fax: Email: webmaster@carewisc.org Address: 2802 International Lane P.O. Box 14017 City: Madison State: WI Zip: 53708-0017 Last Updated: 04/30/2009
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Contract Number: H7526
Legal Entity Name: MEDICA HEALTH PLANS
Organization Marketing Name: Medica Health Plans
Parent Organization: Medica Health Plans

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 199 Legal Entity Address: 401 Carlson Parkway City: Minnetonka State: MN Zip: 55305	Contact Title: Name: Customer Service Phone: 1-800-234-8755 Extension: Fax: Email: centerforhealthyaging@medica.com Address: 401 Carlson Parkway City: Minnetonka State: MN Zip: 55305 Last Updated: 04/23/2007
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Contract Number: H7660
Legal Entity Name: VIECARE BEAVER LLC DBA LIFE BEAVER COUNTY
Organization Marketing Name: LIFE-Beaver County
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: 176 Legal Entity Address: 1323 Freedom Road City: Cranberry Twp. State: PA Zip: 16066	Contact Title: Vice President for Financial Management Name: David Hamm Phone: 1-724-742-2226 Extension: Fax: 1-724-776-0811 Email: dhamm@lutherseniorlife.org Address: Lutheran SeniorLife 1323 Freedom Road City: Cranberry Township State: PA Zip: 16066 Last Updated: 12/14/2010
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Contract Number: H7678
Legal Entity Name: MOLINA HEALTHCARE OF TEXAS, INC.
Organization Marketing Name: Molina Healthcare of Texas, Inc.
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 646 Legal Entity Address: 2505 North Hwy 360, Suite 300 City: Grand Prairie State: TX Zip: 75050	Contact Title: Name: Member Services Phone: 1-866-440-0012 Extension: Fax: Email: CentralizedOps.Medicare@MolinaHealthCare.com Address: 84 NE Loop 410 Suite 200 City: San Antonio State: TX Zip: 78216 Last Updated: 07/21/2009
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Contract Number: H7731
Legal Entity Name: MD CARE, INC.
Organization Marketing Name: MD Care Healthplan
Parent Organization: MD Care, 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: 14,536 Legal Entity Address: 1640 E. Hill Street. City: Signal Hill State: CA Zip: 90755	Contact Title: Director of Information Technology Name: David Medlock Phone: 1-562-344-3486 Extension: Fax: 1-866-246-6595 Email: DMedlock@mdcareinc.com Address: 1640 E Hill Street City: Signal Hill State: CA Zip: 90755 Last Updated: 10/27/2010
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Contract Number: H7787 Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC. Organization Marketing Name: HealthSpring Medicare Advantage PPO Parent Organization: HealthSpring, Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 6,247 Legal Entity Address: 2900 North Loop West Suite 300 City: Houston State: TX Zip: 77092	Contact Title: Vice President of Customer Service Name: Wendy Wetzel Phone: 1-832-553-3300 Extension: 3379 Fax: 1-832-553-3400 Email: Wendy.Wetzel@healthspring.com Address: 2900 North Loop West Suite 1300 City: Houston State: TX Zip: 77092 Last Updated: 02/05/2009
Contract Number: H7908 Legal Entity Name: AETNA HEALTH Organization Marketing Name: Aetna Medicare Parent Organization: Aetna Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 617 Legal Entity Address: 980 Jolly Road City: Blue Bell State: PA Zip: 19422	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 12/11/2007
Contract Number: H7917 Legal Entity Name: BLUE CROSS BLUE SHIELD OF TENNESSEE 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: 29,692 Legal Entity Address: 1 Cameron Hill Circle City: Chattanooga State: TN Zip: 37402	Contact Title: Supervisor Medicare Advantage Operations Name: Carol Troxell Phone: 1-800-841-7434 Extension: Fax: Email: carol_troxell@bcbst.com Address: 1 Cameron Hill Circle City: Chattanooga State: TN Zip: 37402 Last Updated: 07/13/2009
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: 1,188 Legal Entity Address: 9900 Bren Rd E City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-888-866-8297 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010

Contract Number: H8050
Legal Entity Name: CARILION CLINIC MEDICARE RESOURCES, LLC
Organization Marketing Name: Carilion Clinic Medicare Health Plan
Parent Organization: Carilion Services, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 572 Legal Entity Address: 213 South Jefferson Street, Suite 1409 City: Roanoke State: VA Zip: 240111713	Contact Title: Director, Medicare and Government Compliance Name: India C Thomas Phone: 1-540-224-5930 Extension: Fax: 1-540-224-5330 Email: ichtomas@carilionclinic.org Address: PO Box 40032 213 S. Jefferson St., Suite 1409 City: Roanoke State: VA Zip: 24022-0032 Last Updated: 06/09/2010
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Contract Number: H8091
Legal Entity Name: ARKANSAS BLUE CROSS AND BLUE SHIELD
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: 89 Legal Entity Address: 601 Gaines Street City: Little Rock State: AR Zip: 72201	Contact Title: Manager Medicare Operations Name: Delena C Hicks Phone: 1-501-378-6951 Extension: Fax: Email: dchicks@arkbluecross.com Address: 320 W. Capitol, Suite 400 City: Little Rock State: AR Zip: 72203 Last Updated: 02/24/2010
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Contract Number: H8096
Legal Entity Name: CENTRA HEALTH, INC.
Organization Marketing Name: Centra PACE
Parent Organization: Centra Health, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 63 Legal Entity Address: 407 Federal Street City: Lynchburg State: VA Zip: 24504	Contact Title: Centra PACE Program Director Name: Debra M Maddox Phone: 1-434-200-4190 Extension: Fax: Email: Debra.Maddox@centrahealth.com Address: 407 Federal Street City: Lynchburg State: VA Zip: 24504 Last Updated: 08/25/2008
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Contract Number: H8098
Legal Entity Name: UNIVERSAL HEALTH CARE INSURANCE COMPANY
Organization Marketing Name: Universal Health Care Insurance Company, Inc.
Parent Organization: Universal Health Care Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 23,884 Legal Entity Address: 100 Central Avenue Suite 200 City: St. Petersburg State: FL Zip: 33701	Contact Title: Compliance Officer Name: Nirali Patel Phone: 1-866-690-4842 Extension: 6582 Fax: 1-727-329-1904 Email: npatel@univhc.com Address: UNIVERSAL HEALTH CARE, INC. 100 CENTRAL AVENUE, SUITE 200 City: SAINT PETERSBURG State: FL Zip: 33701 Last Updated: 10/15/2010
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Contract Number: H8130
Legal Entity Name: MOLINA HEALTHCARE OF FLORIDA, INC.
Organization Marketing Name: Molina Healthcare of Florida
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 573 Legal Entity Address: 8300 NW 33rd Street, Suite 400 City: Doral State: FL Zip: 33122	Contact Title: Name: Member Services Phone: 1-866-553-9494 Extension: Fax: Email: CentralizedOps.Medicare@MolinaHealthCare.com Address: 8300 NW 33rd St. Suite 400 City: Doral State: FL Zip: 33122 Last Updated: 02/28/2011
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Contract Number: H8145
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 194,048 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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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: * Legal Entity Address: 10700 West Research Drive Suite 300 City: Milwaukee State: WI Zip: 53226	Contact Title: Sr. VP Government Relations/Compliance Name: Sandi Tunis Phone: 1-414-773-4000 Extension: Fax: Email: stunis@centene.com Address: 10700 West Research Drive Suite 300 City: Milwaukee State: WI Zip: 53226 Last Updated: 01/06/2011
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Contract Number: H8393
Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY
Organization Marketing Name: Coventry Health Care
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 1,976 Legal Entity Address: 15950 West Dodge Road City: Omaha State: NE Zip: 681184030	Contact Title: VP of Medicare Name: Richard Sloma Phone: 1-866-901-4692 Extension: Fax: Email: rsloma@cvt.com Address: 4320 114th St City: Urbandale State: IA Zip: 50322 Last Updated: 10/25/2010
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Contract Number: H8424
Legal Entity Name: SIOUXLAND PACE, INC.
Organization Marketing Name: SIOUXLAND PACE, INC.
Parent Organization: Siouxland PACE, 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: 90 Legal Entity Address: 4300 Hamilton Blvd City: Sioux City State: IA Zip: 51104	Contact Title: Director Name: Linda D Todd Phone: 1-712-233-4105 Extension: Fax: 1-712-233-1123 Email: toddl@hospicemail.com Address: 4300 Hamilton Blvd City: Sioux City State: IA Zip: 51104 Last Updated: 01/22/2008
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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: 1,369 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: H8558
Legal Entity Name: STERLING LIFE INSURANCE COMPANY
Organization Marketing Name: Sterling Life Insurance Company
Parent Organization: Munich American Holding Corporation

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 88 Legal Entity Address: 2219 Rimland Dr. P.O. Box 5348 City: Bellingham State: WA Zip: 98227	Contact Title: Manager, Customer Service Name: Wendi Western Phone: 1-360-392-9073 Extension: Fax: 1-360-392-9100 Email: Wendi.Western@sterlingplans.com Address: 2219 Rimland Drive PO Box 5348 City: Bellingham State: WA Zip: 98227-5348 Last Updated: 02/16/2011
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Contract Number: H8578
Legal Entity Name: HEALTH NEW ENGLAND, INC.
Organization Marketing Name: Health New England, Inc.
Parent Organization: Baystate Health, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 4,986 Legal Entity Address: One Monarch Place Suite 1500 City: Springfield State: MA Zip: 01144	Contact Title: Communications Manager Name: Joseph Kane Phone: 1-413-787-4000 Extension: 3229 Fax: 1-413-734-3356 Email: jkane@hne.com Address: Health New England, Inc. One Monarch Place, Suite 1500 City: Springfield State: MA Zip: 01144 Last Updated: 02/14/2008
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Contract Number: H8604
Legal Entity Name: THP INSURANCE COMPANY
Organization Marketing Name: Health Plan SecureChoice
Parent Organization: Health Plan of the Upper Ohio Valley

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 430 Legal Entity Address: 52160 National Road East City: St. Clairsville State: OH Zip: 43950	Contact Title: Director Member Services Name: Sherry Stanley Phone: 1-740-695-7682 Extension: Fax: 1-740-695-8103 Email: sstanley@healthplan.org Address: The Health Plan 52160 National Road East City: St. Clairsville State: OH Zip: 43950 Last Updated: 02/28/2007
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Contract Number: H8644
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 13,702 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H8649
Legal Entity Name: ALTIUS HEALTH PLANS, INC. (UTAH)
Organization Marketing Name: Altius Health Plans
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 4,005 Legal Entity Address: 10421 South Jordan Gateway Suite 400 City: South Jordan State: UT Zip: 84095	Contact Title: Director, Medicare Product Name: Jamie Larson Phone: 1-801-933-3561 Extension: Fax: 1-801-323-6100 Email: JXMoser@cvt.com Address: 10421 South Jordan Gateway Suite 400 City: South Jordan State: UT Zip: 84095 Last Updated: 10/26/2010
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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: 286 Legal Entity Address: 1020 Old Denbigh Blvd. City: Newport News State: VA Zip: 23602	Contact Title: Business Manager Name: Courtney Bareford Phone: 1-757-856-7004 Extension: Fax: 1-757-251-7985 Email: courtney.bareford@rivhs.com Address: 608 Denbigh Blvd Suite 806 City: Newport News State: VA Zip: 23608 Last Updated: 11/02/2009
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Contract Number: H8684
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Boston Enrollment: 1,248 Legal Entity Address: 151 FARMINGTON AVENUE City: HARTFORD State: CT Zip: 06158	Contact Title: Name: Aetna Customer Service Phone: 1-800-445-1796 Extension: Fax: Email: CustomerService@aetna.com Address: 151 Farmington Avenue City: Hartford State: CT Zip: 06156 Last Updated: 02/19/2009
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Contract Number: H8707
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 12,524 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: H8742
Legal Entity Name: ABRI HEALTH PLAN, INC
Organization Marketing Name: Universal American
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 2,438 Legal Entity Address: 4888 Loop Central Drive Suite 700 City: Houston State: TX Zip: 77081	Contact Title: Member Services Representative Name: Member Services Phone: 1-866-422-5009 Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 900 City: Houston State: TX Zip: 77081 Last Updated: 11/19/2009
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Contract Number: H8748
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 4,259 Legal Entity Address: c/o UnitedHealth Group/Ovations, 9900 Bren Rd East MAIL ROUTE MN0008-W240 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: H8777
Legal Entity Name: COMPLETE SENIOR CARE
Organization Marketing Name: Complete Senior Care
Parent Organization: Health Association of Niagara County, Incorp.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 12/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: *	Contact Title: Chief Executive Officer Name: Thomas Briody Phone: 1-716-285-8224 Extension: 147 Fax: Email: briody@completeseniorcare.org Address: 1302 Main Street City: Niagara Falls State: NY Zip: 14301 Last Updated: 05/21/2010
Legal Entity Address: 1302 Main Street City: Niagra Falls State: NY Zip: 14301	

Contract Number: H8800
Legal Entity Name: TOTAL SENIOR CARE, INC.
Organization Marketing Name: Total Senior Care, Inc.
Parent Organization: TOTAL SENIOR CARE, 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: 60	Contact Title: Program Officer Name: Ann Feightner Phone: 1-716-379-8474 Extension: Fax: 1-716-379-8543 Email: afeightner@totalseniorcare.org Address: 519 North Union Street City: Olean State: NY Zip: 14760 Last Updated: 12/16/2008
Legal Entity Address: 519 North Union Street City: Olean State: NY Zip: 14760	

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,460	Contact Title: Medicare Programs Operations Manager Name: Diane Hettmansperger Phone: 1-800-523-7533 Extension: Fax: Email: dhettmansperger@advantageplan.com Address: 9045 River Road, Suite 200 City: Indianapolis State: IN Zip: 46240 Last Updated: 11/01/2010
Legal Entity Address: 9045 River Road, Suite 200 City: Indianapolis State: IN Zip: 46240	

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 6,274	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
Legal Entity Address: 640 Eden Park Drive City: Cincinnati State: OH Zip: 452026056	

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

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 1,302 Legal Entity Address: 3721 TecPort Drive City: Harrisburg State: PA Zip: 17106	Contact Title: Name: Member Services Phone: 1-800-290-0190 Extension: Fax: Email: MKnight@cvtly.com Address: P.O. Box 7087 City: London State: KY Zip: 40742 Last Updated: 02/03/2011
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Contract Number: H8991
Legal Entity Name: AMERIGROUP FLORIDA, INC.
Organization Marketing Name: Amerigroup Community Care
Parent Organization: AMERIGROUP Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 2,167 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 Community Health Plan
Parent Organization: Fallon Community Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1980 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 30,339 Legal Entity Address: ONE CHESTNUT PLACE 10 CHESTNUT STREET City: WORCESTER State: MA Zip: 016082810	Contact Title: Sr. Manager Medicare Programs Name: Lisa Lashbrook Phone: 1-508-368-9539 Extension: Fax: Email: Lisa.Lashbrook@fchp.org Address: One Chestnut Place 10 Chestnut Street City: Worcester State: MA Zip: 01608 Last Updated: 02/16/2011
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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: 58,544 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: SecureHorizons by 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: 10,115 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: 38,923 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: H9082
Legal Entity Name: MOLINA HEALTHCARE OF NEW MEXICO, INC.
Organization Marketing Name: Molina Healthcare of New Mexico, Inc.
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 731 Legal Entity Address: 8801 Horizons Blvd., Suite 400 City: Albuquerque State: NM Zip: 87113	Contact Title: Name: Member Services Phone: 1-866-472-4584 Extension: Fax: Email: CentralizedOps.Medicare@MolinaHealthCare.com Address: 8801 Horizons Blvd NE City: Albuquerque State: NM Zip: 87113 Last Updated: 02/23/2011
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Contract Number: H9104
Legal Entity Name: SCAN HEALTH PLAN
Organization Marketing Name: SCAN Health Plan
Parent Organization: SCAN Health Plan, Inc.

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: 45,474 Legal Entity Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806	Contact Title: Member Services Name: Member Services Phone: 1-800-559-3500 Extension: Fax: Email: KMcBeath@scanhealthplan.com Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806 Last Updated: 07/02/2009
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Contract Number: H9184 Legal Entity Name: BRAVO HEALTH MID-ATLANTIC, INC. Organization Marketing Name: Bravo Health Parent Organization: HealthSpring, Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 539 Legal Entity Address: 3601 O'DONNELL STREET City: BALTIMORE State: MD Zip: 21224	Contact Title: Name: Customer Service Phone: 1-800-556-1570 Extension: Fax: 1-410-864-4459 Email: memberservices@bravohealth.com Address: 3601 O'Donnell Street City: Baltimore State: MD Zip: 21224 Last Updated: 02/16/2009

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: 77 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: H9302 Legal Entity Name: PUGET SOUND HEALTH PARTNERS, INC. Organization Marketing Name: Puget Sound Health Partners Parent Organization: Puget Sound Health Partners, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 11,209 Legal Entity Address: 32129 Weyerhaeuser Way S Suite 201 City: Federal Way State: WA Zip: 980019911	Contact Title: Director of Marketing Name: Christine K Turner Phone: 1-253-779-8830 Extension: Fax: 1-253-779-8829 Email: Chris.T@OurPSHP.com Address: 32129 Weyerhaeuser Way S Suite 201 City: Federal Way State: WA Zip: 98001-3745 Last Updated: 12/02/2009

Contract Number: H9385 Legal Entity Name: SCAN HEALTH PLAN OF ARIZONA Organization Marketing Name: SCAN Health Plan Arizona Parent Organization: SCAN Health Plan, 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: San Francisco Enrollment: 13,695 Legal Entity Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806	Contact Title: Member Services Name: Member Services Phone: 1-800-559-3500 Extension: Fax: Email: KMcBeath@scanhealthplan.com Address: 3800 Kilroy Airport Way Suite 100 City: Long Beach State: CA Zip: 90806 Last Updated: 07/02/2009

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: 1,840 Legal Entity Address: 1100 Employers Blvd. City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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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: 203,594 Legal Entity Address: 600 East Lafayette Street City: Detroit State: MI Zip: 48226	Contact Title: Name: Customer Inquiry Phone: 1-877-469-2583 Extension: Fax: Email: pre-enrollmentsales@bcbsm.com Address: 27000 W. Eleven Mile Road MC H404 City: Southfield State: MI Zip: 48034 Last Updated: 12/16/2010
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Contract Number: H9615
Legal Entity Name: MVP HEALTH PLAN, INC.
Organization Marketing Name: MVP HEALTH CARE
Parent Organization: MVP Health Care, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 5,436 Legal Entity Address: 625 State Street City: Schenectady State: NY Zip: 12301	Contact Title: Sales Manager Medicare Name: Catherine Mercury Phone: 1-888-280-6205 Extension: Fax: Email: cmercury@mvphealthcare.com Address: 220 Alexander St City: Rochester State: NY Zip: 14607 Last Updated: 05/18/2009
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Contract Number: H9670
Legal Entity Name: UPMC HEALTH BENEFITS, INC.
Organization Marketing Name: UPMC Health Plan
Parent Organization: University of Pittsburgh Medical Center

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 1,131 Legal Entity Address: 112 Washington Place City: Pittsburgh State: PA Zip: 15219	Contact Title: Medicare Hotline Name: UPMC Health Plan Phone: 1-877-381-3765 Extension: Fax: Email: upmchp@upmc.edu Address: 112 Washington Place City: Pittsburgh State: PA Zip: 15219 Last Updated: 12/21/2007
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Contract Number: H9720
Legal Entity Name: AMERICA'S 1ST CHOICE HEALTH PLANS, INC.
Organization Marketing Name: AMERICA'S 1ST CHOICE HEALTH PLANS, INC.
Parent Organization: Dr. Kiran C. Patel

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 792 Legal Entity Address: 140 Stoneridge Drive Suite 480 City: Columbia State: SC Zip: 29201	Contact Title: Name: Jane Young Phone: 1-803-748-4533 Extension: 2223 Fax: Email: AFCOPS@americas1stchoice.com Address: 250 Berryhill Rd Suite 311 City: Columbia State: SC Zip: 29210 Last Updated: 12/17/2010
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Contract Number: H9779
Legal Entity Name: STERLING LIFE INSURANCE COMPANY
Organization Marketing Name: Guardian Healthcare, Inc.
Parent Organization: Munich American Holding Corporation

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 198 Legal Entity Address: 2219 Rimland Drive City: Bellingham State: WA Zip: 98226	Contact Title: Manager, Customer Service Name: Wendi Western Phone: 1-360-392-9073 Extension: Fax: 1-360-392-9100 Email: Wendi.Western@sterlingplans.com Address: 2219 Rimland Drive PO Box 5348 City: Bellingham State: WA Zip: 98227-5348 Last Updated: 02/17/2011
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Contract Number: H9788
Legal Entity Name: HEALTHNOW NEW YORK INC.
Organization Marketing Name: ActiveSaver MSA and 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: 170 Legal Entity Address: 257 West Genesee Street City: Buffalo State: NY Zip: 142022657	Contact Title: Manager Name: Linda Warren Phone: 1-518-220-4699 Extension: Fax: Email: Warren.Linda@healthnow.org Address: 30 Century Hill Drive City: Latham State: NY Zip: 12110 Last Updated: 01/25/2010
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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: 200 Legal Entity Address: 1845 Walnut Street 12th Floor City: Philadelphia State: PA Zip: 19103	Contact Title: Executive Director Name: Veronica Milbourne Phone: 1-215-951-4405 Extension: Fax: 1-267-286-6235 Email: vmilbourne@newcourtland.org Address: NewCourtland LIFE Program 6970 Germantown Avenue City: Philadelphia State: PA Zip: 19119 Last Updated: 03/17/2010
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Contract Number: H9847
Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY
Organization Marketing Name: Coventry Health Care
Parent Organization: Coventry Health Care Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Denver Enrollment: 6,058 Legal Entity Address: 6705 Rockledge Drive Suite 900 City: Bethesda State: MD Zip: 20817	Contact Title: VP and General Manager, Medicare Name: Daniel Soper Phone: 1-919-337-7944 Extension: Fax: Email: desoper@cvtly.com Address: 2801 Slater Road Suite 200 City: Morrisville State: NC Zip: 27560 Last Updated: 10/26/2010
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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: 8,341 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: H9988
Legal Entity Name: STERLING LIFE INSURANCE COMPANY
Organization Marketing Name: Sterling Life Insurance Company
Parent Organization: Munich American Holding Corporation

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 159 Legal Entity Address: 2219 Rimland Drive P.O. Box 5348 City: Bellingham State: WA Zip: 982275348	Contact Title: Customer Service Manager Name: Wendi Western Phone: 1-360-647-9080 Extension: 29073 Fax: Email: Wendi.Western@sterlingplans.com Address: 2219 Rimland Drive PO Box 5348 City: Bellingham State: WA Zip: 98227-5348 Last Updated: 02/04/2009
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Contract Number: H9998
Legal Entity Name: LUBBOCK REGIONAL MENTAL HEALTH MENTAL RETARDATION
Organization Marketing Name: La Paloma
Parent Organization: Lubbock Regional Mental Health

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 18 Legal Entity Address: PO Box 2828 4010 22nd Street City: Lubbock State: TX Zip: 794082828	Contact Title: PACE Director Name: REBECA WALLACE Phone: 1-806-766-0360 Extension: Fax: Email: rwallace@lubbockmhmr.org Address: P.O. Box 2828 City: Lubbock State: TX Zip: 79408 Last Updated: 01/18/2011
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Contract Number: R3175
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by 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: 5,760 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 FL, INC.
Organization Marketing Name: Blue Cross and Blue Shield of Florida, Inc.
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: 11,887 Legal Entity Address: 4800 Deerwood Campus Parkway Bldg. 100 / 8th Floor City: Jacksonville State: FL Zip: 32246	Contact Title: Manager B - Contact SFI Name: Anne Furnari Phone: 1-800-926-6565 Extension: 17321 Fax: 1-305-640-4173 Email: Anne.Furnari@bcbsfl.com Address: 8400 NW 33rd St Suite 100 City: Miami State: FL Zip: 33122 Last Updated: 04/08/2010
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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: XLHealth Corporation

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 19,724 Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201	Contact Title: Name: Provider Relations Phone: 1-866-679-3119 Extension: Fax: Email: providerrelations@careimprovementplus.com Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201 Last Updated: 01/26/2011
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Contract Number: R5287
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by 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: 170,699 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
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Contract Number: R5342
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK
Organization Marketing Name: SecureHorizons by 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: 34,882 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: R5566
Legal Entity Name: BCBS MN, MT, NE, ND, WY, WELLMARK IA AND SD
Organization Marketing Name: MedicareBlue PPO
Parent Organization: BCBS MN, MT, NE, ND, WY, Wellmark IA and SD

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Kansas City Enrollment: 23,826 Legal Entity Address: 3400 Yankee Drive, R336 City: Eagan State: MN Zip: 55121	Contact Title: Name: Member Service Phone: 1-888-457-3009 Extension: Fax: Email: medicareblueurgentissues@ibx.com Address: MedicareBlue PPO 1901 Market Street - Sp-2nd Flr City: Philadelphia State: PA Zip: 19103 Last Updated: 05/19/2008
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Contract Number: R5674
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: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 5,966 Legal Entity Address: 2720 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: 1-702-240-6281 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: 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: 509,100 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Customer Service Phone: 1-800-457-4708 Extension: Fax: Email: mmorris@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 06/07/2010
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Contract Number: R5941
Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: WellPoint, Inc.

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 117,266 Legal Entity Address: 1 WellPoint Way CAT201-C004 City: Thousand Oaks State: CA Zip: 90362	Contact Title: Name: Customer Service Phone: 1-866-364-2374 Extension: Fax: Email: SrCsServices@wellpoint.com Address: P.O. Box 795180 City: San Antonio State: TX Zip: 78279 Last Updated: 06/22/2010
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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: XLHealth Corporation

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 24,986 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: 21,232 Legal Entity Address: 818 Keeaumoku Street City: Honolulu State: HI Zip: 968142365	Contact Title: Manager Name: Kevin Unger Phone: 1-800-790-4672 Extension: Fax: Email: kevin_unger@hmsa.com Address: 534 - CR 818 Keeaumoku St City: Honolulu State: HI Zip: 96814 Last Updated: 01/12/2010
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Contract Number: R7444
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by 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: 33,013 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: XLHealth Corporation	
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: Philadelphia	Fax:
Enrollment: 51,671	Email: providerrelations@careimprovementplus.com
Legal Entity Address: 351 West Camden Street	Address: 351 West Camden Street
Suite 100	Suite 100
City: Baltimore	City: Baltimore
State: MD	State: MD
Zip: 21201	Zip: 21201
	Last Updated: 01/26/2011

Contract Number: R9943	
Legal Entity Name: ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE CO.	
Organization Marketing Name: Anthem Blue Cross Life & Health Insurance Company	
Parent Organization: WellPoint, Inc.	
Organization Type: Regional CCP	Contact Title:
Plan Type: Regional PPO	Name: Customer Service
Contract Effective Date: 01/01/2006	Phone: 1-866-364-2374
Tax Status: For Profit	Extension:
CMS Region Responsible: Chicago	Fax:
Enrollment: 106,305	Email: SrCsServices@wellpoint.com
Legal Entity Address: 1 WellPoint Way	Address: P.O. Box 795180
CAT201-C004	
City: Thousand Oaks	City: San Antonio
State: CA	State: TX
Zip: 90362	Zip: 78279
	Last Updated: 06/22/2010