



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

Sorted by Legal Entity Name

**CPC/MDBG/DPD
September 2015
IMPORTANT NOTES**

1. This directory contains information for Medicare Advantage, demonstration, PACE, and cost organizations that have an active contract with CMS at the time of the directory's publication.

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

Legal Entity Name: A&D CHARITIBLE FOUNDATION, INC. Contract Number: H9185 Organization Marketing Name: Great Lakes PACE Parent Organization: A&D Charitable Foundation, Inc.	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2015 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 14 Legal Entity Address: 3150 Enterprise Drive, #200 City: Saginaw State: MI Zip: 48603	Contact Title: Program Director Name: David Benjamin Phone: 1-989-249-0929 Extension: Fax: 1-989-249-1147 Email: dbenjamin@a-dhomecare.com Address: 3150 Enterprise Dr, City: Saginaw State: MI Zip: 48603 Last Updated: 11/12/2014
Legal Entity Name: ABSOLUTE TOTAL CARE, INC. Contract Number: H1723 Organization Marketing Name: Absolute Total Care Parent Organization: Centene Corporation	
Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 02/01/2015 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 531 Legal Entity Address: 1441 Main Street Suite 900 City: Columbia State: SC Zip: 29201	Contact Title: Name: Member Services Phone: 1-855-735-4398 Extension: Fax: Email: mijones@centene.com Address: 1441 Main Street Suite 900 City: Columbia State: SC Zip: 29201 Last Updated: 03/04/2015
Legal Entity Name: ADVANTAGE HEALTH SOLUTIONS, INC. Contract Number: H5508 Organization Marketing Name: ADVANTAGE Health Solutions, Inc. Parent Organization: Advantage Health Solutions	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 20,976 Legal Entity Address: 9045 River Road, Suite 200 City: Indianapolis State: IN Zip: 46240	Contact Title: CCO Name: Jan Teal Phone: 1-317-573-8250 Extension: Fax: 1-317-587-8408 Email: jteal@advantageplan.com Address: 9045 River Road, Suite 200 City: Indianapolis State: IN Zip: 46240 Last Updated: 04/12/2013
Legal Entity Name: ADVANTAGE HEALTH SOLUTIONS, INC. Contract Number: H8822 Organization Marketing Name: ADVANTAGE Health Solutions, Inc. Parent Organization: Advantage Health Solutions	

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2009
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 1,340

Legal Entity Address: 9045 River Road, Suite 200

City: Indianapolis
State: IN
Zip: 46240

Contact Title: CCO
Name: Jan Teal
Phone: 1-317-573-8250
Extension:
Fax: 1-317-587-8408
Email: jteal@advantageplan.com
Address: 9045 River Road, Suite 200

City: Indianapolis
State: IN
Zip: 46240
Last Updated: 04/12/2013

Legal Entity Name: ADVICARE, CORP. Contract Number: H7542 Organization Marketing Name: Advicare Advocate Parent Organization: Spartanburg Regional Health Services District, Inc	
Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 02/01/2015 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 600 Legal Entity Address: 531 South Main Street, Suite RL-1 City: Greenville State: SC Zip: 29601	Contact Title: Manager of Customer Service Name: Gregory Ross Phone: 1-888-781-4371 Extension: 248 Fax: 1-888-781-4316 Email: gross@advicarehealth.com Address: 531 S Main Street, Suite RL-1 City: Greenville State: SC Zip: 29601 Last Updated: 07/21/2015
Legal Entity Name: AETNA BETTER HEALTH OF MICHIGAN INC. Contract Number: H8026 Organization Marketing Name: Aetna Better Health Premier Plan Parent Organization: Aetna Inc.	
Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 03/01/2015 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 8,270 Legal Entity Address: 1333 Gratiot Avenue, Suite 400 City: Detroit State: MI Zip: 48207	Contact Title: Compliance Officer Name: Eric W Campbell Phone: 1-312-821-0525 Extension: Fax: 1-312-928-3521 Email: CampbellE2@aetna.com Address: 333 W Wacker Drive Suite 2100 City: Chicago State: IL Zip: 60606 Last Updated: 07/08/2015
Legal Entity Name: AETNA BETTER HEALTH, INC. (IL) Contract Number: H2506 Organization Marketing Name: Aetna Better Health Premier Plan Parent Organization: Aetna Inc.	
Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 02/01/2014 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 6,871 Legal Entity Address: 333 West Wacker Dr. Suite 2100, MC F646 City: Chicago State: IL Zip: 60606	Contact Title: Compliance Officer Name: Eric W Campbell Phone: 1-866-600-2139 Extension: Fax: 1-312-928-3521 Email: CampbellE2@aetna.com Address: 1 South Wacker Drive City: Chicago State: IL Zip: 60606 Last Updated: 09/23/2014
Legal Entity Name: AETNA BETTER HEALTH, INC. (NY) Contract Number: H8056 Organization Marketing Name: Aetna Better Health FIDA Plan Parent Organization: Aetna Inc.	
Organization Type: Demo	Contact Title: Sr. Compliance Lead

Plan Type: Medicare-Medicaid Plan
HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 105

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

City: New York,
State: NY
Zip: 10027

Name: Dennis Norton
Phone: 1-646-699-7537
Extension:
Fax:
Email: NortonD1@Aetna.com
Address: 55 W. 125th Street
Suite 1300 **City:** New
York
State: NY
Zip: 10027
Last Updated: 07/08/2015

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

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan
HMO/HMOPOS
Contract Effective Date: 05/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 13,796

Legal Entity Address: 7400 W Campus Rd

City: New Albany
State: OH
Zip: 43054

Contact Title: Sr. Director Medicare Relations
Name: Jason Smith
Phone: 1-614-933-8350
Extension:
Fax:
Email: SmithT25@aetna.com
Address: 7400 West Campus
Road

City: New Albany
State: OH
Zip: 43054
Last Updated: 07/08/2015

Legal Entity Name: AETNA HEALTH
INC.(GEORGIA) **Contract Number:** H1109
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 07/01/2005
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 3,403

Legal Entity Address: 11675 Great Oaks Way

City: Alpharetta
State: GA
Zip: 30022

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-624-0756
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 08/11/2015

Legal Entity Name: AETNA HEALTH OF
CALIFORNIA INC. **Contract Number:** H0523
Organization Marketing Name: Aetna
Medicare **Parent Organization:** Aetna
Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 05/01/1986
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 16,436

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-624-0756
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

Legal Entity Address: 2409 CAMINO RAMON

City: SAN RAMON
State: CA
Zip: 94583

City: Hartford
State: CT
Zip: 06156
Last Updated: 08/11/2015

Legal Entity Name: AETNA HEALTH OF UTAH,
INC. **Contract Number:** H8649

Organization Marketing Name: Altius Health Plans
Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2008
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 9,260

Contact Title:
Name: Aetna Customer Service
Phone: 1-866-784-4918
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

Legal Entity Address: 10150 S Centennial Parkway
Suite 450
City: Sandy
State: UT
Zip: 84070

City: Hartford
State: CT
Zip: 06156
Last Updated: 08/12/2015

Legal Entity Name: AETNA HEALTH, INC, (PA) **Contract**
Number: H3931

Organization Marketing Name: Aetna Medicare Parent
Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 11/01/1985
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 27,343

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-624-0756
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

Legal Entity Address: 980 Jolly Road

City: Blue Bell
State: PA
Zip: 19422

City: Hartford
State: CT
Zip: 06156
Last Updated: 08/11/2015

Legal Entity Name: AETNA HEALTH, INC.
Contract Number: H1609

Organization Marketing Name: Coventry Health Care
Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 07/01/2005
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 3,779

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

Legal Entity Address: 4320 114th Street

City: Urbandale
State: IA
Zip: 50322

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

Legal Entity Name: AETNA HEALTH, INC.
Contract Number: H3928

Organization Marketing Name: Coventry Health Care
Parent Organization: Aetna Inc.

Organization Type: Local CCP

Contact Title:

Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 1,439

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

Name: Aetna Customer Service
Phone: 1-888-360-6626
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

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

Legal Entity Name: AETNA HEALTH, INC. (CT) **Contract Number:** H5793

Organization Marketing Name: Aetna Medicare Parent
Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2007
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 22,451

Legal Entity Address: 151 Farmington Avenue
City: Hartford
State: CT
Zip: 06156

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-624-0756 **Extension:** **Fax:**
Email: CustomerService@aetna.com **Address:** 151
Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 08/11/2015

Legal Entity Name: AETNA HEALTH, INC.
(FL) **Contract Number:** H5414

Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2005
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 18,505

Legal Entity Address: 4630 Woodlands
Corporate Blvd.
City: Tampa
State: FL
Zip: 33614

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-624-0756
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156
Last Updated: 08/11/2015

Legal Entity Name: AETNA HEALTH, INC.
(GEORGIA) **Contract Number:** H5302

Organization Marketing Name: Coventry Health Care
Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2007
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 1,392

Legal Entity Address: 1100 Circle 75 Parkway,
Suite 1400
City: Atlanta
State: GA

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-624-0756
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156

Zip: 30339

Last Updated: 08/11/2015

Legal Entity Name: AETNA HEALTH, INC.

(ME) **Contract Number:** H3597

Organization Marketing Name: Aetna Medicare

Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/2008

Tax Status: For Profit

CMS Region Responsible: Denver

Enrollment: 7,401

Legal Entity Address: 151 Farmington Avenue

City: Hartford

State: CT

Zip: 06156

Contact Title:

Name: Aetna Customer Service

Phone: 1-800-624-0756

Extension:

Fax:

Email: CustomerService@aetna.com

Address: 151 Farmington Avenue

City: Hartford

State: CT

Zip: 06156

Last Updated: 08/11/2015

Legal Entity Name: AETNA HEALTH, INC.

(NJ) **Contract Number:** H3152

Organization Marketing Name: Aetna Medicare

Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Contract Effective Date: 09/01/1993

Tax Status: For Profit

CMS Region Responsible: Denver

Enrollment: 37,056

Legal Entity Address: 55 LANE ROAD

City: FAIRFIELD

State: NJ

Zip: 070041098

Contact Title:

Name: Aetna Customer Service

Phone: 1-800-624-0756

Extension: **Fax:**

Email: CustomerService@aetna.com

Address: 151 Farmington Avenue

City: Hartford

State: CT

Zip: 06156

Last Updated: 08/11/2015

Legal Entity Name: AETNA HEALTH, INC. (NY)

Contract Number: H3312

Organization Marketing Name: Aetna Medicare

Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Contract Effective Date: 10/01/1986

Tax Status: For Profit

CMS Region Responsible: Denver

Enrollment: 14,984

Legal Entity Address: 99 PARK AVENUE

City: NEW YORK

State: NY

Zip: 10016

Contact Title:

Name: Aetna Customer Service

Phone: 1-800-624-0756

Extension:

Fax:

Email: CustomerService@aetna.com

Address: 151 Farmington Avenue

City: Hartford

State: CT

Zip: 06156

Last Updated: 08/11/2015

Legal Entity Name: AETNA HEALTH, INC. (TX)

Contract Number: H4523

Organization Marketing Name: Aetna Medicare

Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Contract Effective Date: 08/01/2005

Tax Status: For Profit

CMS Region Responsible: Denver

Contact Title:

Name: Aetna Customer Service

Phone: 1-800-624-0756

Extension:

Fax:

Enrollment: 12,471

Email: CustomerService@aetna.com

Legal Entity Address: 2777 Stemmons Freeway
Suite 300

Address: 151 Farmington Avenue

City: Dallas

City: Hartford

State: TX

State: CT

Zip: 753569440

Zip: 06156

Last Updated: 08/11/2015

Legal Entity Name: AETNA LIFE INSURANCE
COMPANY **Contract Number:** H5521

Organization Marketing Name: Aetna
Medicare **Parent Organization:** Aetna
Inc.

Organization Type: Local CCP

Contact Title:

Plan Type: Local PPO

Name: Aetna Customer Service

Contract Effective Date: 01/01/2006

Phone: 1-800-624-0756

Tax Status: For Profit

Extension:

CMS Region Responsible: Denver

Fax:

Enrollment: 595,429

Email: CustomerService@aetna.com

Address: 151 Farmington Avenue

Legal Entity Address: 980 Jolly Road

City: Hartford

City: Blue Bell

State: CT

State: PA

Zip: 06156

Zip: 19422

Last Updated: 08/11/2015

Legal Entity Name: AFFINITY HEALTH PLAN,
INC. **Contract Number:** H5991

Organization Marketing Name: Affinity Health Plan

Parent Organization: Affinity Health Services
Holdings, Inc.

Organization Type: Local CCP

Contact Title: Manager, Customer

Plan Type: HMO/HMOPOS

Service Name: Alvin Ortiz

Contract Effective Date: 01/01/2007

Phone: 1-718-794-

Tax Status: Not-for-Profit/Non-Profit

6288 **Extension:** **Fax:**

CMS Region Responsible: New York

Email: AOrtiz@affinityplan.org

Enrollment: 7,485

Address: 1776 Eastchester Road

Legal Entity Address: 1776 Eastchester Road

City: Bronx

City: Bronx

State: NY

State: NY

Zip: 10461

Zip: 10461

Last Updated: 07/09/2015

Legal Entity Name: AGEWELL NEW YORK, LLC

Contract Number: H4922

Organization Marketing Name: AgeWell New York

Parent Organization: AgeWell New York, LLC

Organization Type: Local CCP

Contact Title: Associate Executive Director

Plan Type: HMO/HMOPOS

Name: Dana Sherwin

Contract Effective Date: 01/01/2015

Phone: 1-718-484-5010

Tax Status: For Profit

Extension:

CMS Region Responsible: New York

Fax:

Enrollment: 73

Email: dsherwin@agewellnewyork.com

Address: 1991 Marcus Ave

Legal Entity Address: 1991 Marcus Avenue

Suite M201

Suite M201

City: Lake Success

City: Lake Success

State: NY

State: NY

Zip: 11042

Zip: 11042

Last Updated: 08/03/2015

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

Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 95 Legal Entity Address: 1991 Marcus Avenue Suite M201 City: Lake Success State: NY Zip: 11042	Contact Title: Associate Executive Director Name: Dana Sherwin Phone: 1-718-484-5010 Extension: Fax: Email: dsherwin@agewellnewyork.com Address: 1991 Marcus Ave Suite M201 City: Lake Success State: NY Zip: 11042 Last Updated: 08/07/2015
--	--

Legal Entity Name: AHF MCO OF FLORIDA, INC.
Contract Number: H3132
Organization Marketing Name: AHF
Parent Organization: AIDS Healthcare Foundation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 1,261 Legal Entity Address: 700 SE 3rd Ave., 4th Floor City: Fort Lauderdale State: FL Zip: 33316	Contact Title: Health Plan Administrator Name: Michael O'Malley Phone: 1-888-456-4715 Extension: Fax: 1-323-337-9141 Email: michael.omalley@aidshealth.org Address: 1001 N. Martel Ave. City: Los Angeles State: CA Zip: 90046 Last Updated: 06/13/2013
---	--

Legal Entity Name: AIDS HEALTHCARE FOUNDATION
Contract Number: H5852
Organization Marketing Name: AHF
Parent Organization: AIDS Healthcare Foundation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 830 Legal Entity Address: 6255 W. Sunset Blvd., 21st Floor City: Los Angeles State: CA Zip: 90028	Contact Title: Health Plan Administrator Name: Michael O'Malley Phone: 1-800-263-0067 Extension: 2 Fax: 1-323-337-9141 Email: michael.omalley@aidshealth.org Address: 1001 N. Martel Ave. City: Los Angeles State: CA Zip: 90046 Last Updated: 06/13/2013
---	--

Legal Entity Name: ALBRIGHT CARE SERVICES
Contract Number: H9068
Organization Marketing Name: ALBRIGHT CARE SERVICES
Parent Organization: Albright Care Services

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 01/01/2012 Tax Status: Not-for-Profit/Non-Profit	Contact Title: Corporate Compliance Officer Name: LouAnn Shively Phone: 1-570-522-3880 Extension:
--	--

CMS Region Responsible: Philadelphia
Enrollment: 174

Legal Entity Address: 90 Maplewood Drive

City: Lewisburg
State: PA
Zip: 17837

Fax: 1-570-524-9068
Email: louann.shively@albrightcare.org
Address: 90 Maplewood Drive

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

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

Organization Marketing Name: Alexian Brothers Community Services
Parent Organization: Acension Health

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/01/2001
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Kansas City
Enrollment: 169

Legal Entity Address: 3900 S. GRAND BOULEVARD

City: ST. LOUIS
State: MO
Zip: 63118

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

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

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

Organization Marketing Name: Alexian Brothers Community Services
Parent Organization: Acension Health

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/01/2002
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 272

Legal Entity Address: 425 CUMBERLAND STREET, Suite 110

Suite 110
City: CHATTANOOGA
State: TN
Zip: 37404

Contact Title: IT
Name: Shannon Lane
Phone: 1-423-698-0802
Extension: 212
Fax: 1-423-622-6048
Email: slane@alexianbrothers.net
Address: 425 Cumberland Street
Suite 110

City: Chattanooga
State: TN
Zip: 37404
Last Updated: 06/07/2011

Legal Entity Name: ALIGNMENT HEALTH PLAN
Contract Number: H3815

Organization Marketing Name: Alignment Health Plan

Parent Organization: Alignment Healthcare USA, LLC

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 07/01/2005
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 19,680

Legal Entity Address: 1100 W. Town and Country Road
Suite 1600

City: Orange
State: CA
Zip: 92868

Contact Title: President
Name: Dawn Maroney
Phone: 1-657-218-7616
Extension:
Fax: 1-844-320-2247
Email: dmaroney@ahcusa.com
Address: 1100 W. Town and Country Road #1600

City: Orange
State: CA
Zip: 92868-4600
Last Updated: 12/02/2014

Legal Entity Name: ALLEGIAN HEALTH PLANS, INC. Contract Number: H8554 Organization Marketing Name: Allegian Health Plans Parent Organization: Tenet Healthcare Corporation	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 1,846 Legal Entity Address: 2005 Ed Carey Dr City: Harlingen State: TX Zip: 78550	Contact Title: Name: Member Services Phone: 1-602-824-3900 Extension: Fax: Email: phpmemberservices@abrazohealth.com Address: 7878 N. 16th St., Suite 105 City: Phoenix State: AZ Zip: 85020 Last Updated: 02/17/2013
Legal Entity Name: ALLIANCE HEALTH AND LIFE INSURANCE COMPANY Contract Number: H2322 Organization Marketing Name: Alliance Medicare PPO Parent Organization: Henry Ford Health System	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 3,224 Legal Entity Address: 2850 WEST GRAND BLVD. City: Detroit State: MI Zip: 48202	Contact Title: VP-Client Services Name: Richard Chaney Phone: 1-866-766-4661 Extension: Fax: Email: rchaney@hap.org Address: 2850 W. Grand Blvd. City: Detroit State: MI Zip: 48202 Last Updated: 07/22/2014
Legal Entity Name: ALOHACARE Contract Number: H5969 Organization Marketing Name: AlohaCare Parent Organization: AlohaCare	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 549 Legal Entity Address: 1357 Kapiolani Blvd., Suite 1250 City: Honolulu State: HI Zip: 96814	Contact Title: Name: AlohaCare Customer Service Phone: 1-808-973-6395 Extension: Fax: 1-808-973-7410 Email: info@alohacare.org Address: 1357 Kapiolani Blvd., Suite 1250 City: Honolulu State: HI Zip: 96814 Last Updated: 08/24/2013
Legal Entity Name: ALPHACARE OF NEW YORK, INC. Contract Number: H6974 Organization Marketing Name: AlphaCare Signature FIDA Plan Parent Organization: Magellan Health, Inc.	

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

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

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

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

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 1,227

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

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

Legal Entity Name: ALTAMED HEALTH SERVICES CORPORATION
Contract Number: H0542
Organization Marketing Name: AltaMed Health Services Corporation
Parent Organization: Altamed Health Services Corporation

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/01/2002
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 1,387

Legal Entity Address: 2040 Camfield Ave.

City: Los Angeles
State: CA
Zip: 90040

Contact Title: Vice President, Senior Care Services
Name: Jennifer L Spalding
Phone: 1-323-558-7619
Extension:
Fax: 1-323-622-2442
Email: jspalding@la.altamed.org
Address: 2040 Camfield Ave

City: Los Angeles
State: CA
Zip: 90040
Last Updated: 02/04/2015

Legal Entity Name: AMARILLO MULTISVC CTR FR THE AGING INC
Contract Number: H4517
Organization Marketing Name: The basics at Jan Werner
Parent Organization: Amarillo Multisvc Ctr Fr the Aging Inc

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 03/01/2004
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Dallas
Enrollment: 137

Legal Entity Address: 3108 SOUTH FILLMORE STREET

City: AMARILLO
State: TX

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

Zip: 79110

Last Updated: 05/20/2008

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

Organization Marketing Name: Universal American Corp. **Parent Organization:** Universal American Corp.

Organization Type: Local CCP

Contact Title: Member Services Representative

Plan Type: Local PPO

Name: Member Services

Contract Effective Date: 01/01/2009

Phone: 1-866-422-5009 **Tax Status:** For Profit **Extension:**

CMS Region Responsible: Dallas

Fax:

Enrollment: 11,229

Email: customerservice@todaysoptions.com

Legal Entity Address: 4888 Loop Central Drive

Address: 4888 Loop Central Drive

Suite 300

Suite 300

City: Houston

City: Houston

State: TX

State: TX

Zip: 77081

Zip: 77081

Last Updated: 04/12/2013

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

Organization Marketing Name: Universal American Corp. **Parent Organization:** Universal American Corp.

Organization Type: PFFS

Contact Title: Member Services Representative

Plan Type: PFFS

Name: Member Services

Contract Effective Date: 01/01/2011

Phone: 1-866-422-5009 **Tax Status:** For Profit **Extension:**

CMS Region Responsible: Dallas

Fax:

Enrollment: 28,927

Email: customerservice@todaysoptions.com

Legal Entity Address: 4888 Loop Central Drive

Address: 4888 Loop Central Drive

Suite 300

Suite 300

City: Houston

City: Houston

State: TX

State: TX

Zip: 77081

Zip: 77081

Last Updated: 04/12/2013

Legal Entity Name: AMERICA'S 1ST CHOICE HEALTH PLANS, INC. **Contract Number:** H3421

Organization Marketing Name: America's 1st Choice Health Plans, Inc.

Parent Organization: America's 1st Choice Holdings of S.C., LLC

Organization Type: PFFS

Contact Title: Associate VP NC/SC/GA

Plan Type: PFFS

Name: Jane Young

Contract Effective Date: 01/01/2011

Phone: 1-803-748-4533

Tax Status: For Profit

Extension: 22223

CMS Region Responsible: Atlanta

Fax:

Enrollment: 3,626

Email: AFCOPS@americas1stchoice.com

Legal Entity Address: 250 Berry Hill Road

Address: 250 Berryhill Rd

Suite #311

Suite 311

City: Columbia

City: Columbia

State: SC

State: SC

Zip: 29210

Zip: 29210

Last Updated: 09/30/2013

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

Organization Marketing Name: America's 1st Choice Health Plans, Inc.

Parent Organization: America's 1st Choice Holdings of S.C., LLC

Organization Type: Local CCP

Contact Title: Associate VP NC/SC/GA

Plan Type: Local PPO

Name: Jane Young

Contract Effective Date: 01/01/2011

Phone: 1-803-748-4533

Tax Status: For Profit

Extension: 22223

CMS Region Responsible: Atlanta

Fax:

Enrollment: 378	Email: AFCOPS@americas1stchoice.com
Legal Entity Address: 250 Berry Hill Road Suite #311 City: Columbia State: SC Zip: 29210	Address: 250 Berryhill Rd Suite 311 City: Columbia State: SC Zip: 29210 Last Updated: 09/30/2013
Legal Entity Name: AMERICA'S 1ST CHOICE OF SOUTH CAROLINA, INC. Contract Number: H8170	
Organization Marketing Name: America's 1st Choice of South Carolina	
Parent Organization: America/Es 1st Choice of South Carolina, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 129	Contact Title: Associate VP NC/SC/GA Name: Jane Young Phone: 1-803-748-4533 Extension: 22223 Fax: Email: AFCOPS@americas1stchoice.com Address: 250 Berryhill Rd Suite 311 City: Columbia State: SC Zip: 29210 Last Updated: 01/15/2014
Legal Entity Address: 250 Berry Hill Road Suite #311 City: Columbia State: SC Zip: 29210	

Legal Entity Name: AMERIGROUP COMMUNITY CARE OF NEW MEXICO, INC. Contract Number: H5746	
Organization Marketing Name: Amerigroup Community Care of New Mexico Parent Organization: Anthem Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 CMS Region Responsible: Chicago Enrollment: 2,328	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Tax Status: For Profit Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 06/15/2009
Legal Entity Address: 6565 Americas Parkway NE Suite 110 City: Albuquerque State: NM Zip: 87110	

Legal Entity Name: AMERIGROUP NEW JERSEY, INC. Contract Number: H3240	
Organization Marketing Name: Amerigroup Community Care Parent Organization: Anthem Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 7,404	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 06/11/2009
Legal Entity Address: 101 Wood Avenue South Suite 800 City: Iselin State: NJ Zip: 08830	

Legal Entity Name: AMERIGROUP NEW YORK, LLC
Contract Number: H8417
Organization Marketing Name: Empire BlueCross BlueShield HealthPlus FIDA Plan **Parent Organization:** Anthem Inc.

Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 398 Legal Entity Address: 9 Pine Street 14th Floor City: New York State: NY Zip: 10005	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 02/06/2013
---	---

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 7,242 Legal Entity Address: 22 Century Boulevard Suite 220 City: Nashville State: TN Zip: 37214	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 06/15/2009
---	--

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 27,991 Legal Entity Address: 3800 Buffalo Speedway Suite 400 City: Houston State: TX Zip: 77098	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 02/06/2013
---	---

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

Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 03/01/2015 Tax Status: For Profit CMS Region Responsible: Dallas	Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax:
---	---

<p>Enrollment: 19,852</p> <p>Legal Entity Address: 3800 Buffalo Speedway Suite 400 City: Houston State: TX Zip: 77098</p>	<p>Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street, Suite 900 City: Tampa State: FL Zip: 33607 Last Updated: 02/06/2013</p>
<p>Legal Entity Name: AMERIGROUP WASHINGTON, INC. Contract Number: H1894</p> <p>Organization Marketing Name: AMERIGROUP Parent Organization: Anthem Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,144</p> <p>Legal Entity Address: 705 5th Avenue South Suite 300 City: Seattle State: WA Zip: 98104</p>	<p>Contact Title: Name: Dedicated Services Unit Phone: 1-866-805-4589 Extension: Fax: Email: mpsweb@amerigroupcorp.com Address: AMERIGROUP Corporation 4200 West Cypress Street City: Tampa State: FL Zip: 33607 Last Updated: 01/25/2013</p>
<p>Legal Entity Name: AMERIHEALTH HMO, INC. Contract Number: H3156</p> <p>Organization Marketing Name: AmeriHealth 65 Preferred HMO Parent Organization: Independence Health Group, Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1995 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 18,575</p> <p>Legal Entity Address: 1901 MARKET STREET 45 TH FLOOR City: PHILADELPHIA State: PA Zip: 19103</p>	<p>Contact Title: Name: Customer Service Phone: 1-866-569-5190 Extension: Fax: Email: info@amerihealthmedicare.com Address: PO Box 7820 City: Philadelphia State: PA Zip: 19101-7820 Last Updated: 06/05/2015</p>
<p>Legal Entity Name: AMERIHEALTH MICHIGAN, INC. Contract Number: H0192</p> <p>Organization Marketing Name: AmeriHealth Caritas VIP Care Plus Parent Organization: Independence Blue Cross</p>	
<p>Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 05/01/2015 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 5,715</p> <p>Legal Entity Address: 200 Stevens Drive City: Philadelphia State: PA Zip: 19113</p>	<p>Contact Title: Director Medicare Customer Service Name: Geoffrey Vitrano Phone: 1-800-450-1166 Extension: Fax: Email: GVitrano@Amerihealthcaritas.com Address: Amerihealth Caritas Family of Companies 200 Stevens Dr City: Philadelphia State: PA Zip: 19113 Last Updated: 06/28/2013</p>

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 395 Legal Entity Address: 14 Penn Plaza 2nd floor City: New York State: NY Zip: 10122	Contact Title: Director Corporate Publications Name: Carlos Molina Phone: 1-646-757-7107 Extension: Fax: Email: cmolina@amidacareny.org Address: 14 Penn Plaza, 225 West 34th Street 2nd floor City: New York State: NY Zip: 10122 Last Updated: 11/21/2014
---	---

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

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 CMS Region Responsible: Chicago Enrollment: 12,643 Legal Entity Address: 21555 Oxnard Street City: Woodland Hills State: CA Zip: 91367	Contact Title: Name: Customer Service Phone: 1-866-289-4250 Tax Status: For Profit Extension: Fax: Email: SrCsServices@wellpoint.com Address: 145 S. Pioneer Road City: Fon du Lac State: WI Zip: 54935 Last Updated: 04/05/2013
---	---

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1998 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 5,993 Legal Entity Address: 13550 Triton Boulevard City: Louisville State: KY Zip: 40223	Contact Title: Name: Customer Service Phone: 1-866-289-4250 Extension: Fax: Email: SrCsServices@wellpoint.com Address: 145 S. Pioneer Road City: Fon du Lac State: WI Zip: 54935 Last Updated: 04/05/2013
---	---

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

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago	Contact Title: Name: Customer Service Phone: 1-866-289-4250 Extension: Fax:
---	--

Enrollment: 4,786

Email: SrCsServices@wellpoint.com

Legal Entity Address: 13550 Triton Boulevard

Address: 145 S. Pioneer Road

City: Louisville

City: Fon du Lac

State: KY

State: WI

Zip: 40223

Zip: 54935

Last Updated: 04/05/2013

Legal Entity Name: ANTHEM HEALTH PLANS OF MAINE, INC.

Contract Number: H6786

Organization Marketing Name: Anthem Blue Cross and Blue Shield

Parent Organization: Anthem Inc.

Organization Type: Local CCP

Plan Type: Local PPO

Contract Effective Date: 01/01/2013

Tax Status: For Profit

CMS Region Responsible: Chicago

Enrollment: 325

Legal Entity Address: 2 Gannett Drive

City: South Portland

State: ME

Zip: 041066911

Contact Title:

Name: Customer Service

Phone: 1-866-289-4250

Extension:

Fax:

Email: SrCsServices@wellpoint.com

Address: 145 S. Pioneer Road

City: Fon du Lac

State: WI

Zip: 54935

Last Updated: 04/05/2013

Legal Entity Name: ANTHEM HEALTH PLANS OF MAINE, INC.

Contract Number: H8432

Organization Marketing Name: Anthem Blue Cross and Blue Shield

Parent Organization: Anthem Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/2014

Tax Status: For Profit

CMS Region Responsible: Chicago

Enrollment: 1,520

Legal Entity Address: 2 Gannett Drive

City: South Portland

State: ME

Zip: 041066911

Contact Title:

Name: Customer Service

Phone: 1-866-289-4250

Extension:

Fax:

Email: SrCsServices@wellpoint.com

Address: 145 S. Pioneer Road

City: Fon du Lac

State: WI

Zip: 54935

Last Updated: 04/05/2013

Legal Entity Name: ANTHEM HEALTH PLANS OF NEW HAMPSHIRE, INC. **Contract Number:** H7728

Organization Marketing Name: Anthem Blue Cross and Blue Shield **Parent Organization:** Anthem Inc.

Organization Type: Local

CCP Plan Type: Local PPO

Contract Effective Date:

01/01/2013

Tax Status: For Profit

CMS Region Responsible: Chicago

Enrollment: 1,524

Legal Entity Address: 3000 Goffs Falls Road

City: Manchester

State: NH

Zip: 031110001

Contact Title:

Name: Customer Service

Phone: 1-866-289-

4250 **Extension:** **Fax:**

Email: SrCsServices@wellpoint.com

Address: 145 S. Pioneer Road

City: Fon du Lac

State: WI

Zip: 54935

Last Updated: 04/05/2013

Legal Entity Name: ANTHEM HEALTH PLANS OF VIRGINIA, INC. Contract Number: H4909 Organization Marketing Name: Anthem Blue Cross and Blue Shield Parent Organization: Anthem Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 2,556 Legal Entity Address: 2015 Staples Mill Road City: Richmond State: VA Zip: 23230	Contact Title: Name: Customer Service Phone: 1-866-289-4250 Extension: Fax: Email: SrCsServices@wellpoint.com Address: 145 S. Pioneer Road City: Fon du Lac State: WI Zip: 54935 Last Updated: 04/05/2013
Legal Entity Name: ANTHEM HEALTH PLANS, INC. Contract Number: H2836 Organization Marketing Name: Anthem Blue Cross and Blue Shield Parent Organization: Anthem Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,276 Legal Entity Address: 370 Bassett Road City: North Haven State: CT Zip: 06473	Contact Title: Name: Customer Service Phone: 1-866-289-4250 Extension: Fax: Email: SrCsServices@wellpoint.com Address: 145 S. Pioneer Road City: Fon du Lac State: WI Zip: 54935 Last Updated: 04/05/2013
Legal Entity Name: ANTHEM HEALTH PLANS, INC. Contract Number: H5854 Organization Marketing Name: Anthem Blue Cross and Blue Shield Parent Organization: Anthem Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 4,286 Legal Entity Address: 370 Bassett Road City: North Haven State: CT Zip: 06473	Contact Title: Name: Customer Service Phone: 1-866-289-4250 Extension: Fax: Email: SrCsServices@wellpoint.com Address: 145 S. Pioneer Road City: Fon du Lac State: WI Zip: 54935 Last Updated: 04/05/2013
Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC. Contract Number: H1517 Organization Marketing Name: Anthem Blue Cross and Blue Shield Parent Organization: Anthem Inc.	

Organization Type: Local
CCP Plan Type: Local PPO
Contract Effective Date:
01/01/2008

Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 3,332

Legal Entity Address: 120 Monument Circle

City: Indianapolis
State: IN
Zip: 46204

Contact Title:

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

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

Legal Entity Name: ANTHEM INSURANCE
COMPANIES, INC. **Contract Number:** H1607

Organization Marketing Name: Anthem Blue Cross and Blue
Shield **Parent Organization:** Anthem Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 08/01/2005
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 8,441

Legal Entity Address: 120 Monument Circle

City: Indianapolis
State: IN
Zip: 46204

Contact Title:

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

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

Legal Entity Name: ANTHEM INSURANCE
COMPANIES, INC. **Contract Number:** H4036

Organization Marketing Name: Anthem Blue Cross and Blue
Shield **Parent Organization:** Anthem Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2008
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 1,493

Legal Entity Address: 120 Monument Circle

City: Indianapolis
State: IN
Zip: 46204

Contact Title:

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

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

Legal Entity Name: ANTHEM INSURANCE
COMPANIES, INC. **Contract Number:** H9954

Organization Marketing Name: Anthem Blue Cross and Blue
Shield **Parent Organization:** Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 474

Legal Entity Address: 120 Monument Circle

City: Indianapolis

Contact Title:

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

City: Fon du Lac
State: WI

State: IN Zip: 46204	Zip: 54935 Last Updated: 04/05/2013
Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC. Contract Number: R5941 Organization Marketing Name: Anthem Blue Cross and Blue Shield Parent Organization: Anthem Inc.	
Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 103,053 Legal Entity Address: 120 Monument Circle City: Indianapolis State: IN Zip: 46204	Contact Title: Name: Customer Service Phone: 1-866-289-4250 Extension: Fax: Email: SrCsServices@wellpoint.com Address: 145 S. Pioneer Road City: Fon du Lac State: WI Zip: 54935 Last Updated: 04/05/2013

Legal Entity Name: APPALACHIAN AGENCY FOR SENIOR CITIZENS, INC. Contract Number: H2386 Organization Marketing Name: Appalachian Agency for Senior Citizens, Inc. Parent Organization: Appalachian Agency for Senior Citizens, Inc.	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 78 Legal Entity Address: P.O. Box 765 216 College Ridge Road City: Cedar Bluff State: VA Zip: 24609	Contact Title: Program Director Name: Dana Collins Phone: 1-276-964-4915 Extension: 7152 Fax: 1-276-963-0130 Email: dcollins@aasc.org Address: P.O.B. 765 City: Cedar Bluff State: VA Zip: 24609 Last Updated: 03/24/2011

Legal Entity Name: ARCADIAN HEALTH PLAN, INC. Contract Number: H5619 Organization Marketing Name: Arcadian Health Plan, Inc. Parent Organization: Humana Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 7,428 Legal Entity Address: c/o Corporation Service Company, 300 Deschutes Way Suite 304 City: Tumwater State: WA Zip: 98501	Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 05/07/2013

Legal Entity Name: ARIZONA PHYSICIANS IPA, INC. Contract Number: H0321 Organization Marketing Name: UnitedHealthcare Community Plan Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587

<p>Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 36,889</p> <p>Legal Entity Address: 1 East Washington Suite 900 City: Phoenix State: AZ Zip: 85004</p>	<p>Extension: Fax: Email: jill_j_langenfeld@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 08/13/2014</p>
<p>Legal Entity Name: ARKANSAS SUPERIOR SELECT, INC. Contract Number: H1587 Organization Marketing Name: Tribute Health Plan of Arkansas Parent Organization: Select Founders, LLC</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 158</p> <p>Legal Entity Address: 1401 West Capitol Ave, Suite 430 City: Little Rock State: AR Zip: 72201</p>	<p>Contact Title: Marketing & Education Director Name: Doug Shackelford Phone: 1-501-372-1922 Extension: Fax: 1-501-372-1932 Email: dshackelford@tributehealthplans.com Address: 1401 West Capitol Ave, Suite 430 City: Little Rock State: AR Zip: 72201 Last Updated: 03/04/2015</p>
<p>Legal Entity Name: ASPIRE HEALTH PLAN Contract Number: H8764 Organization Marketing Name: Aspire Health Plan Parent Organization: Community Hospital Foundation</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 834</p> <p>Legal Entity Address: 23625 Holman Highway City: Monterey State: CA Zip: 93940</p>	<p>Contact Title: Director, Client Services Name: Helen Stroub Phone: 1-661-716-7208 Extension: Fax: 1-661-716-9200 Email: hstroub@managedcaresystems.com Address: 4550 California Avenue Suite 100 City: Bakersfield State: CA Zip: 93309 Last Updated: 02/15/2013</p>
<p>Legal Entity Name: ASURIS NORTHWEST HEALTH Contract Number: H5010 Organization Marketing Name: Asuris Northwest Health Parent Organization: Cambia Health Solutions, Inc.</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: 1,431</p> <p>Legal Entity Address: 200 SW Market St City: Portland State: OR Zip: 97201</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>

Legal Entity Name: ATLANTIS HEALTH PLAN, INC.
Contract Number: H9285
Organization Marketing Name: EASY CHOICE HEALTH PLAN
OF NEW YORK **Parent Organization:** America's 1st
Choice NY Holdings, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2012 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 441 Legal Entity Address: 80 Broad Street, 5th Floor City: New York State: NY Zip: 10004	Contact Title: Name: Michael Leon Phone: 1-888-300-9320 Extension: Fax: Email: regulatorycompliance@easychoiceny.com Address: 80 Broad Street 5th Floor City: New York State: NY Zip: 10004 Last Updated: 01/13/2015
---	--

Legal Entity Name: ATRIO HEALTH PLANS
Contract Number: H3814
Organization Marketing Name: ATRIO Health Plans **Parent**
Organization: ATRIO Health Plans

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 2,131 Legal Entity Address: 2270 NW Aviation Drive City: ROSEBURG State: OR Zip: 97470	Contact Title: VP Clinical and Operations Name: Cynthia A Swanson Phone: 1-971-209-4342 Extension: Fax: 1-541-672-8670 Email: Cynthia.Swanson@atriohp.com Address: 2270 NW Aviation Dr, Suite 3 City: Roseburg State: OR Zip: 97470 Last Updated: 12/20/2013
---	--

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 3,018 Legal Entity Address: 2270 NW Aviation Drive, Suite 3 City: Roseburg State: OR Zip: 97470	Contact Title: VP Clinical and Operations Name: Cynthia A Swanson Phone: 1-971-209-4342 Extension: Fax: 1-541-672-8670 Email: Cynthia.Swanson@atriohp.com Address: 2270 NW Aviation Dr, Suite 3 City: Roseburg State: OR Zip: 97470 Last Updated: 12/20/2013
--	---

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

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: For Profit	Contact Title: VP Clinical and Operations Name: Cynthia A Swanson Phone: 1-971-209-4342 Extension:
---	---

CMS Region Responsible: Seattle
Enrollment: 7,158

Legal Entity Address: 2270 NW Aviation Way

City: Roseburg
State: OR
Zip: 97470

Fax: 1-541-672-8670
Email: Cynthia.Swanson@atriohp.com
Address: 2270 NW Aviation Dr, Suite 3

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

Legal Entity Name: ATRIO HEALTH PLANS
Contract Number: H7006

Organization Marketing Name: ATRIO Health
Plans **Parent Organization:** ATRIO
Health Plans

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2010
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 3,007

Legal Entity Address: 2270 NW Aviation Drive, Suite 3

City: Roseburg
State: OR
Zip: 97470

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

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

Legal Entity Name: AULTCARE HEALTH INSURING
CORPORATION **Contract Number:** H3664

Organization Marketing Name: PrimeTime Health Plan
Parent Organization: Aultman Health Foundation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/1997
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 20,210

Legal Entity Address: 214 DARTMOUTH AVENUE SW

City: CANTON
State: OH
Zip: 44710

Contact Title: Customer Service Supervisor
Name: Lisa Bowling-Shaffer
Phone: 1-330-363-7407
Extension: **Fax:**
Email: lbowling-shaffer@aultcare.com
Address: 214 Dartmouth Ave SW

City: Canton
State: OH
Zip: 44710
Last Updated: 08/28/2015

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

Organization Marketing Name: AvMed Medicare Parent
Organization: AvMed, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 09/01/1987
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 30,851

Legal Entity Address: 4300 N.W. 89TH BLVD.

City: GAINESVILLE
State: FL
Zip: 32606

Contact Title: Manager, Medicare Compliance
Name: Jacqueline M Crews
Phone: 1-352-372-8400
Extension: 40832
Fax: 1-352-337-8551
Email: jackie.crews@avmed.org **Address:** AvMed, Inc.

4300 NW 89 Blvd. **City:** Gainesville
State: FL
Zip: 32606
Last Updated: 03/23/2015

Legal Entity Name: BCBS OF MASSACHUSETTS HMO
 BLUE, INC. **Contract Number:** H2230
Organization Marketing Name: Blue Cross Blue Shield of Massachusetts
Parent Organization: Blue Cross and Blue Shield of Massachusetts, Inc.

<p>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: 29,739</p> <p>Legal Entity Address: 101 Huntington Ave Suite 1300 City: BOSTON State: MA Zip: 021997611</p>	<p>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</p>
--	---

Legal Entity Name: BCBS OF MASSACHUSETTS HMO
 BLUE, INC. **Contract Number:** H2261
Organization Marketing Name: Blue Cross Blue Shield of Massachusetts
Parent Organization: Blue Cross and Blue Shield of Massachusetts, Inc.

<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1996 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 10,559</p> <p>Legal Entity Address: 101 Huntington Ave Suite 1300 City: BOSTON State: MA Zip: 021997611</p>	<p>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</p>
---	---

Legal Entity Name: BCBS OF MICHIGAN MUTUAL INSURANCE COMPANY **Contract Number:** H9572
Organization Marketing Name: Blue Cross Blue Shield of Michigan **Parent Organization:** Blue Cross Blue Shield of Michigan

<p>Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 CMS Region Responsible: Chicago Enrollment: 331,702</p> <p>Legal Entity Address: 600 East Lafayette Blvd. City: Detroit State: MI Zip: 48226</p>	<p>Contact Title: Name: Corey Taliaferro Phone: 1-866-309-1719 Tax Status: Not-for-Profit/Non-Profit Extension: Fax: Email: ctaliaferro@bcbsm.com Address: 600 East Lafayette Blvd. 0333 City: Detroit State: MI Zip: 48226 Last Updated: 11/13/2013</p>
--	---

Legal Entity Name: BEACON HEALTH AND SOCIAL SERVICES, INC. **Contract Number:** H9323
Organization Marketing Name: Beacon of LIFE
Parent Organization: Beacon Health & Social Service, Inc.

<p>Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 10/01/2015</p>	<p>Contact Title: Name: Sue Skola Phone: 1-732-806-3219</p>
---	--

<p>Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: *</p> <p>Legal Entity Address: 1075 Stephenson Avenue</p> <p>City: Ocean Port State: NJ Zip: 07757</p>	<p>Extension: Fax: 1-732-806-3319 Email: sskola@beaconhss.com Address: 1075 Stephenson Avenue</p> <p>City: Oceanport State: NJ Zip: 07757 Last Updated: 05/27/2015</p>
<p>Legal Entity Name: BEHEALTHY FLORIDA, INC. Contract Number: H2758</p> <p>Organization Marketing Name: BlueMedicare Preferred HMO Parent Organization: Guidewell Mutual Holding Corporation</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 828</p> <p>Legal Entity Address: 6948 Professional Parkway East</p> <p>City: Sarasota State: FL Zip: 34240</p>	<p>Contact Title: Compliance Officer Name: Sylvia L Freeman Phone: 1-941-556-0440 Extension: Fax: Email: sylviaf@behealthyus.com Address: 6948 Professional Parkway East</p> <p>City: Sarasota State: FL Zip: 34240 Last Updated: 04/18/2014</p>
<p>Legal Entity Name: BIENVIVIR SENIOR HEALTH SERVICES Contract Number: H4518</p> <p>Organization Marketing Name: Bienvivir Senior Health Services Parent Organization: Bienvivir Senior Health Services</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: Dallas Enrollment: 832</p> <p>Legal Entity Address: 2300 McKinley</p> <p>City: EL PASO State: TX Zip: 79930</p>	<p>Contact Title: Senior VP of Finance Name: Joaquin Garcia Phone: 1-915-562-3444 Extension: 2360 Fax: Email: jgarcia@bienvivir.org Address: 2300 Mckinley</p> <p>City: El Paso State: TX Zip: 79930 Last Updated: 04/24/2012</p>
<p>Legal Entity Name: BLUE CARE NETWORK OF MICHIGAN Contract Number: H5883</p> <p>Organization Marketing Name: Blue Care Network Parent Organization: Blue Cross Blue Shield of Michigan</p>	
<p>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: 70,605</p> <p>Legal Entity Address: 20500 Civic Center Drive</p> <p>City: Southfield State: MI Zip: 48076</p>	<p>Contact Title: Manager, Provider Affairs Name: Betty Jo Byers Phone: 1-800-255-1690 Extension: Fax: Email: BByers1@bcbsm.com Address: 4520 Linden Creek Parkway B258</p> <p>City: Flint State: MI Zip: 48507 Last Updated: 08/31/2015</p>

Legal Entity Name: BLUE CROSS & BLUE SHIELD OF RHODE ISLAND Contract Number: H4152 Organization Marketing Name: Blue Cross & Blue Shield of Rhode Island Parent Organization: Blue Cross & Blue Shield of Rhode Island	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 52,159 Legal Entity Address: 500 Exchange St. City: PROVIDENCE State: RI Zip: 029032699	Contact Title: Customer Service Department Name: Customer Service Department Phone: 1-401-277-2958 Extension: Fax: Email: stephen.diluro@bcbsri.org Address: 500 Exchange Street City: Providence State: RI Zip: 02903 Last Updated: 04/17/2014
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF ALABAMA Contract Number: H0104 Organization Marketing Name: Blue Advantage (PPO) Parent Organization: BlueCross BlueShield of Alabama	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 50,312 Legal Entity Address: 450 RIVERCHASE PARKWAY EAST City: BIRMINGHAM State: AL Zip: 35244	Contact Title: Manager Claims Operations Name: Jeff Corley Phone: 1-800-517-6425 Extension: Fax: Email: OpsCompliance@bcbsal.org Address: 450 Riverchase Parkway East City: Birmingham State: AL Zip: 35244 Last Updated: 09/10/2013
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. Contract Number: H5434 Organization Marketing Name: Florida Blue Parent Organization: Guidewell Mutual Holding Corporation	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 08/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 12,137 Legal Entity Address: 4800 DEERWOOD CAMPUS PARKWAY City: JACKSONVILLE State: FL Zip: 32246	Contact Title: Senior Director Gvn Programs & Product Compliance Name: Brendan Hodges Phone: 1-800-810-2583 Extension: Fax: Email: brendan.hodges@floridablue.com Address: 4800 Deerwood Campus Parkway DCC Building 100, 7th Floor City: Jacksonville State: FL Zip: 32246 Last Updated: 12/12/2014
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC. Contract Number: R3332 Organization Marketing Name: Florida Blue Parent Organization: Guidewell Mutual Holding Corporation	
Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2010 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta	Contact Title: Senior Director Gvn Programs & Product Compliance Name: Brendan Hodges Phone: 1-800-810-2583 Extension: Fax:

Enrollment: 48,924

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

Email: brendan.hodges@floridablue.com
Address: 4800 Deerwood Campus Parkway
DCC Building 100, 7th Floor
City: Jacksonville
State: FL
Zip: 32246
Last Updated: 12/12/2014

Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF GEORGIA, INC. **Contract Number:** H9947

Organization Marketing Name: Blue Cross Blue Shield of Georgia **Parent Organization:** Anthem Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2012
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 2,700

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

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

Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF MINNESOTA **Contract Number:** H2461

Organization Marketing Name: Blue Cross and Blue Shield of Minnesota **Parent Organization:** Blue Cross and Blue Shield of Minnesota

Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 01/01/1999
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 169,943

Legal Entity Address: 3400 Yankee Drive
City: Eagan
State: MN
Zip: 55122

Contact Title:
Name: Customer Service
Phone: 1-888-740-6013
Extension:
Fax:
Email: CS@bluecrossmn.com
Address: 3400 Yankee Drive
City: Eagan
State: MN
Zip: 55121-1627
Last Updated: 09/11/2006

Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA **Contract Number:** H3404

Organization Marketing Name: Blue Cross and Blue Shield of North Carolina **Parent Organization:** Blue Cross and Blue Shield of North Carolina

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 07/01/2005
Extension:
CMS Region Responsible: Atlanta
Enrollment: 51,453

Legal Entity Address: P.O Box 2291
City: Durham
State: NC
Zip: 277022291

Contact Title: Call Center support
Name: Member Services
Phone: 1-888-296-9790 **Tax Status:** Not-for-Profit/Non-Profit

Fax:
Email: beth.clayton@bcbsnc.com
Address: Blue Cross and Blue Shield of North Carolina
5660 University Pkwy
City: Winston Salem
State: NC
Zip: 27105
Last Updated: 05/29/2014

Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA **Contract Number:** H3449
Organization Marketing Name: Blue Cross and Blue Shield of North Carolina **Parent Organization:** Blue Cross and Blue Shield of North Carolina

Organization Type: Local CCP **Plan Type:** HMO/HMOPOS **Contract Effective Date:** 07/01/1995 **Phone:** 1-888-296-9790 **Tax Status:** Not-for-Profit/Non-Profit **Extension:**

CMS Region Responsible: Atlanta **Enrollment:** 75,567 **Legal Entity Address:** P.O. Box 2291

City: Durham **State:** NC **Zip:** 277022291

Contact Title: Call Center support **Name:** Member Services **Fax:**

Email: beth.clayton@bcbsnc.com **Address:** Blue Cross and Blue Shield of North Carolina
5660 University Pkwy
City: Winston Salem **State:** NC **Zip:** 27105 **Last Updated:** 05/29/2014

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

Organization Type: Local CCP **Plan Type:** HMO/HMOPOS **Contract Effective Date:** 01/01/2006 **Phone:** 1-866-289-4250 **Tax Status:** For Profit **Extension:**

CMS Region Responsible: Chicago **Enrollment:** 1,479 **Legal Entity Address:** 3350 Peachtree Road NE

City: Atlanta **State:** GA **Zip:** 30326

Contact Title: **Name:** Customer Service **Fax:**

Email: SrCsServices@wellpoint.com **Address:** 145 S. Pioneer Road
City: Fon du Lac **State:** WI **Zip:** 54935 **Last Updated:** 04/05/2013

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

Organization Type: Local CCP **Plan Type:** HMO/HMOPOS **Contract Effective Date:** 06/01/1993 **Phone:** 1-866-289-4250 **Tax Status:** For Profit **Extension:**

CMS Region Responsible: Chicago **Enrollment:** 12,999 **Legal Entity Address:** 21555 Oxnard Street

City: Woodland Hills **State:** CA **Zip:** 91367

Contact Title: **Name:** Customer Service **Fax:**

Email: SrCsServices@wellpoint.com **Address:** 145 S. Pioneer Road
City: Fon du Lac **State:** WI **Zip:** 54935 **Last Updated:** 04/05/2013

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

Organization Type: Demo	Contact Title:
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS	Name: Customer Service
Contract Effective Date: 07/01/2014	Phone: 1-866-289-4250
CMS Region Responsible: San Francisco	Tax Status: For Profit
Enrollment: 8,475	Extension:
	Fax:
	Email: SrCsServices@wellpoint.com
	Address: 145 S. Pioneer Road
	Legal Entity Address:
120 S. Via Merida	
Building 2	City: Fon du Lac
City: Thousand Oaks	State: WI
State: CA	Zip: 54935
Zip: 91362	Last Updated: 04/05/2013

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

Organization Marketing Name: Blue Cross of Idaho

Parent Organization: Blue Cross of Idaho Health Services, Inc.

Organization Type: Local	Contact Title: Mgr Customer Advocates
CCP Plan Type: Local	Name: Sheri Core
PPO	Phone: 1-888-494-2583
Contract Effective Date: 07/01/2005	Extension:
Tax Status: Not-for-Profit/Non-Profit	Fax: 1-208-387-6811
CMS Region Responsible: Seattle	Email: score@bcidaho.com
Enrollment: 10,591	Address: 3000 E. Pine Ave.
Legal Entity Address: 3000 E Pine Ave	City: Meridian
	State: ID
City: MERIDIAN	Zip: 83642
State: ID	Last Updated: 02/07/2013
Zip: 83642	

Legal Entity Name: BLUE CROSS OF IDAHO CARE PLUS, INC.

Contract Number: H1350

Organization Marketing Name: Blue Cross of Idaho

Parent Organization: Blue Cross of Idaho Health Services, Inc.

Organization Type: Local CCP	Contact Title: Mgr Customer Advocates
Plan Type: HMO/HMOPOS	Name: Sheri Core
Contract Effective Date: 09/01/1997	Phone: 1-888-494-2583
Tax Status: Not-for-Profit/Non-Profit	Extension:
CMS Region Responsible: Seattle	Fax: 1-208-387-6811
Enrollment: 22,716	Email: score@bcidaho.com
	Address: 3000 E. Pine Ave.
Legal Entity Address: 3000 E. PINE AVE.	
City: MERIDIAN	City: Meridian
State: ID	State: ID
Zip: 83642	Zip: 83642
	Last Updated: 01/07/2011

Legal Entity Name: BLUE PLUS

Contract Number: H2425

Organization Marketing Name: Blue Plus

Parent Organization: Blue Cross and Blue Shield of Minnesota

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Customer Service
Contract Effective Date: 09/01/2005	Phone: 1-888-740-6013
Tax Status: Not-for-Profit/Non-Profit	Extension:
CMS Region Responsible: Chicago	Fax:
Enrollment: 7,880	Email: contact@bluecrossmn.com
	Address: 3400 Yankee Drive

Legal Entity Address: 3400 Yankee Drive

City: Eagan
State: MN
Zip: 551211627

City: Eagan
State: MN
Zip: 55121
Last Updated: 10/04/2006

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

Organization Marketing Name: BlueCross BlueShield of Tennessee **Parent Organization:** BlueCross BlueShield of Tennessee

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2008
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 91,405

Contact Title: Dir Product Strategy & Finance
Name: Paul Farrell
Phone: 1-800-831-2583
Extension:
Fax:
Email: Paul_Farrell@bcbst.com
Address: 1 Cameron Hill Circle

Legal Entity Address: 1 Cameron Hill Circle

City: Chattanooga
State: TN
Zip: 37402

City: Chattanooga
State: TN
Zip: 37402
Last Updated: 08/24/2015

Legal Entity Name: BRAVO HEALTH MID-ATLANTIC, INC.
Contract Number: H2108

Organization Marketing Name: Cigna-HealthSpring **Parent Organization:** CIGNA

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2001
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 20,855

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

Legal Entity Address: 3601 O'Donnell Street

City: BALTIMORE
State: MD
Zip: 21224

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

Legal Entity Name: BRAVO HEALTH PENNSYLVANIA, INC. **Contract Number:** H3949

Organization Marketing Name: Cigna-HealthSpring **Parent Organization:** CIGNA

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 02/01/1992
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 55,263

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

Legal Entity Address: 1500 Spring Garden Street, Suite 800

City: PHILADELPHIA
State: PA
Zip: 19130

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

Legal Entity Name: BRIDGEWAY HEALTH SOLUTIONS **Contract Number:** H5590

Organization Marketing Name: Bridgeway Health Solutions **Parent Organization:** Centene Corporation

Organization Type: Local CCP

Contact Title:

Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2008
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 1,489

Legal Entity Address: 1501 West Fountainhead Parkway,
#295

City: Tempe
State: AZ
Zip: 85282

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

Legal Entity Name: BUCKEYE COMMUNITY HEALTH
PLAN, INC. **Contract Number:** H0022

Organization Marketing Name: Buckeye Health Plan -
MyCare Ohio **Parent Organization:** Centene
Corporation

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan
HMO/HMOPOS
Contract Effective Date: 05/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 10,341

Legal Entity Address: 4349 Easton Way, Suite 400

City: Columbus
State: OH
Zip: 43219

Contact Title:
Name: Member Services

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

Legal Entity Name: BUCKEYE COMMUNITY HEALTH
PLAN, INC. **Contract Number:** H0908

Organization Marketing Name: Buckeye Health Plan
Parent Organization: Centene Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2008
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 999

Legal Entity Address: 4349 Easton Way, Suite 400

City: Columbus
State: OH
Zip: 43219

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

Legal Entity Name: C AND O EMPLOYEES' HOSPITAL
ASSOCIATION **Contract Number:** H4906

Organization Marketing Name: C and O Employees' Hospital Association
Parent Organization: C & O Employees' Hospital Association

Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost
Contract Effective Date: 05/01/1999
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 2,245

Legal Entity Address: 511 MAIN STREET, 2ND FLOOR

City: CLIFTON FORGE

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

City: Clifton Forge
State: VA

State: VA
Zip: 24422

Zip: 24422
Last Updated: 10/08/2012

Legal Entity Name: CALIFORNIA PHYSICIANS' SERVICE

Contract Number: H0504

Organization Marketing Name: Blue Shield of California

Parent Organization: California Physicians' Service

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 05/01/1996

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: San Francisco

Enrollment: 104,816

Legal Entity Address: 6300 CANOGA AVENUE

City: WOODLAND HILLS

State: CA

Zip: 91367

Contact Title:

Name: Member Services

Phone: 1-800-776-4466

Extension:

Fax: 1-818-228-5130

Email: membersvcs@blueshieldca.com

Address: 6300 Canoga Avenue

City: Woodland Hills

State: CA

Zip: 91367

Last Updated: 07/09/2007

Legal Entity Name: CAPITAL ADVANTAGE INSURANCE
COMPANY **Contract Number:** H3923

Organization Marketing Name: Capital Advantage Insurance

Company Parent Organization: Capital BlueCross

Organization Type: Local CCP

Plan Type: Local PPO

Contract Effective Date: 09/01/2005

Tax Status: For Profit

CMS Region Responsible: Philadelphia

Enrollment: 14,430

Legal Entity Address: 2500 ELMERTON AVENUE

City: HARRISBURG

State: PA

Zip: 17177

Contact Title: Customer Service Manager

Name: Barbara Keffer

Phone: 1-866-987-4213

Extension:

Fax: 1-717-651-4200

Email: barb.keffer@capbluecross.com

Address: 2500 Elmerton Avenue

P.O. Box 774135 **City:**

Harrisburg

State: PA

Zip: 17177-4135

Last Updated: 03/07/2014

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

Organization Marketing Name: CDPHP Medicare Choices

Parent Organization: Capital District Physicians' Health Plan,
Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 08/01/1999

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: New York

Enrollment: 40,011

Legal Entity Address: 500 Patroon Creek Blvd

City: ALBANY

State: NY

Zip: 12206

Contact Title: Director, Medicare Operations and
Compliance **Name:** Elizabeth Loomis

Phone: 1-800-926-7526

Extension:

Fax:

Email: info@cdphp.com

Address: 500 Patroon Creek Blvd

City: Albany

State: NY

Zip: 12206

Last Updated: 06/19/2013

Legal Entity Name: CAPITAL HEALTH PLAN

Contract Number: H5938

Organization Marketing Name: Capital Health Plan

Parent Organization: Guidewell Mutual Holding
Corporation

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contact Title: Network Services Supervisor

Name: Beth Maige

Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 17,529 Legal Entity Address: 2140 CENTERVILLE PLACE City: TALLAHASSEE State: FL Zip: 32308	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
Legal Entity Name: CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY Contract Number: R6801	
Organization Marketing Name: Care Improvement Plus Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2007 CMS Region Responsible: San Francisco Enrollment: 72,022 Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Tax Status: For Profit Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 04/24/2014
Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO. Contract Number: H5322	
Organization Marketing Name: UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 CMS Region Responsible: San Francisco Enrollment: 5,404 Legal Entity Address: 351 W. Camden Street Suite 100 City: Baltimore State: MD Zip: 21201	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Tax Status: For Profit Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 02/18/2013
Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO. Contract Number: H6528	
Organization Marketing Name: Care Improvement Plus Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2009 CMS Region Responsible: San Francisco Enrollment: 25,056 Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 212012473	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Tax Status: For Profit Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 04/24/2014

Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO. Contract Number: R3444 Organization Marketing Name: Care Improvement Plus Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2007 Extension: CMS Region Responsible: San Francisco Enrollment: 59,045 Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Tax Status: For Profit Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 04/24/2014
Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO. Contract Number: R9896 Organization Marketing Name: Care Improvement Plus Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2007 Extension: CMS Region Responsible: San Francisco Enrollment: 167,260 Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Tax Status: For Profit Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 04/24/2014
Legal Entity Name: CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY Contract Number: H0294 Organization Marketing Name: Care Improvement Plus Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 Extension: CMS Region Responsible: San Francisco Enrollment: 7,279 Legal Entity Address: 351 West Camden Street Suite 100 City: Baltimore State: MD Zip: 21201	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Tax Status: For Profit Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 04/24/2014
Legal Entity Name: CARE IMPROVEMENT PLUS WISCONSIN INSURANCE COMPANY Contract Number: H3794 Organization Marketing Name: UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Customer Service
Contract Effective Date: 01/01/2014	Phone: 1-877-842-3210
Extension:	Tax Status: For Profit
CMS Region Responsible: San Francisco	Fax:
Enrollment: 76	Email: cs_evercare@uhc.com
Legal Entity Address: 351 W. Camden Street	Address: P.O. Box 29675
Suite 100	City: Hot Springs
City: Baltimore	State: AR
State: MD	Zip: 71903
Zip: 21201	Last Updated: 02/18/2013

Legal Entity Name: CARE N' CARE INSURANCE COMPANY, INC. Contract Number: H2171	
Organization Marketing Name: Care N' Care Insurance Company	
Parent Organization: North Texas Specialty Physicians	
Organization Type: Local CCP	Contact Title: Director, Compliance & Government Programs
Plan Type: HMO/HMOPOS	Name: Nakia Smith
Contract Effective Date: 01/01/2015	Phone: 1-817-632-3023
Tax Status: For Profit	Extension:
CMS Region Responsible: Dallas	Fax: 1-817-529-5265
Enrollment: 112	Email: nsmith@cnchealthplan.com
Legal Entity Address: 1701 River Run	Address: 1701 River Run
Suite 402	Suite 402
City: Fort Worth	City: Fort Worth
State: TX	State: TX
Zip: 76107	Zip: 76107
	Last Updated: 03/10/2015

Legal Entity Name: CARE N' CARE INSURANCE COMPANY, INC. Contract Number: H6328	
Organization Marketing Name: Care NAE Care Insurance Company	
Parent Organization: North Texas Specialty Physicians	
Organization Type: Local CCP	Contact Title: Director, Compliance & Government Programs
Plan Type: Local PPO	Name: Nakia Smith
Contract Effective Date: 01/01/2009	Phone: 1-817-632-3023
Tax Status: For Profit	Extension:
CMS Region Responsible: Dallas	Fax: 1-817-529-5265
Enrollment: 10,100	Email: nsmith@cnchealthplan.com
Legal Entity Address: 1701 River Run	Address: 1701 River Run
Suite 402	Suite 402
City: Fort Worth	City: Fort Worth
State: TX	State: TX
Zip: 76107	Zip: 76107
	Last Updated: 02/11/2015

Legal Entity Name: CARE RESOURCES	
Contract Number: H5610	
Organization Marketing Name: Care Resources	
Parent Organization: Care Resources	
Organization Type: National PACE	Contact Title: Director of Claims
Plan Type: National PACE	Name: Becky Haggerty
Contract Effective Date: 09/01/2006	Phone: 1-616-913-3086
Tax Status: Not-for-Profit/Non-Profit	Extension:
CMS Region Responsible: Chicago	Fax: 1-616-913-2005
Enrollment: 192	Email: becky.haggerty@care-resources.org
Legal Entity Address: 1471 Grace Street SE	Address: 1471 Grace Street SE
	City: Grand Rapids

City: Grand Rapids
State: MI
Zip: 49506

State: MI
Zip: 49506
Last Updated: 02/04/2015

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

Organization Marketing Name: Care Wisconsin Health Plan, Inc.

Parent Organization: Care Wisconsin First, Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/1999
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 995

Contact Title:

Name: Customer Service
Phone: 1-800-963-0035
Extension: **Fax:**
Email: webmaster@carewisc.org
Address: P.O. Box 14017

Legal Entity Address: 1617 Sherman Avenue
PO BOX 14017
City: MADISON
State: WI
Zip: 537080017

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

Legal Entity Name: CARE1ST HEALTH PLAN
Contract Number: H0148

Organization Marketing Name: Care1st Health Plan
Parent Organization: Care1st Health Plan

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan
HMO/HMOPOS
Contract Effective Date: 04/01/2014
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 9,340

Contact Title: V.P., Program Development
Name: Jamie Ueoka

Phone: 1-323-889-6638
Extension: 6260
Fax:
Email: jueoka@care1st.com **Address:**
601 Potrero Grande Drive

Legal Entity Address: 601 Potrero Grande Drive
City: Monterey Park
State: CA
Zip: 917557407

City: Monterey Park
State: CA
Zip: 91755
Last Updated: 03/05/2013

Legal Entity Name: CARE1ST HEALTH PLAN
Contract Number: H5928

Organization Marketing Name: Care1st Health Plan **Parent**
Organization: Care1st Health Plan

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2007
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 54,794

Contact Title: VP of Product Line Development
Name: Jamie Ueoka

Phone: 1-323-889-6638
Extension: 3260
Fax:
Email: jueoka@care1st.com **Address:** 601
Potrero Grande Drive

Legal Entity Address: 601 Potrero Grande
City: Monterey Park
State: CA
Zip: 917557407

City: Monterey Park
State: CA
Zip: 91755
Last Updated: 10/07/2014

Legal Entity Name: CAREMORE HEALTH PLAN
Contract Number: H0544

Organization Marketing Name: CareMore Health Plan **Parent**
Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Contact Title: Manager of Membership & Eligibility Dept.
Name: Lisa Sarinana

Contract Effective Date: 02/01/2003
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 50,988

Legal Entity Address: 12900 Park Plaza Drive
SUITE 150
City: CERRITOS
State: CA
Zip: 90703

Phone: 1-562-622-2900
Extension: 4381
Fax: 1-562-741-4412
Email: Lisa.Sarinana@Caremore.com
Address: 12900 Park Plaza Drive
Suite 150
City: Cerritos
State: CA
Zip: 90703
Last Updated: 10/25/2010

Legal Entity Name: CAREMORE HEALTH PLAN OF ARIZONA, INC. **Contract Number:** H2593

Organization Marketing Name: CareMore Health Plan of Arizona, Inc.

Parent Organization: Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2010
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 16,169

Legal Entity Address: 12900 Park Plaza Drive, Suite 150
City: Cerritos
State: CA
Zip: 90703

Contact Title: Manager of Membership & Eligibility Dept.
Name: Lisa Sarinana
Phone: 1-562-622-2900
Extension: 4381
Fax: 1-562-741-4412
Email: Lisa.Sarinana@Caremore.com
Address: 12900 Park Plaza Drive
Suite 150
City: Cerritos
State: CA
Zip: 90703
Last Updated: 10/25/2010

Legal Entity Name: CAREMORE HEALTH PLAN OF NEVADA **Contract Number:** H4346

Organization Marketing Name: CareMore Health Plan of Nevada **Parent Organization:** Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2010
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 6,266

Legal Entity Address: 12900 Park Plaza Drive, Suite 150
City: Cerritos
State: CA
Zip: 90703

Contact Title: Manager of Membership & Eligibility Dept.
Name: Lisa Sarinana
Phone: 1-562-622-2900
Extension: 4381
Fax: 1-562-741-4412
Email: Lisa.Sarinana@Caremore.com
Address: 12900 Park Plaza Drive
Suite 150
City: Cerritos
State: CA
Zip: 90703
Last Updated: 10/25/2010

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

Organization Marketing Name: CarePlus Health Plans, Inc.

Parent Organization: Humana Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 02/01/1998
Tax Status: For Profit
CMS Region Responsible: Kansas City
Enrollment: 111,537

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

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

Legal Entity Name: CAREPOINT INSURANCE
COMPANY **Contract Number:** H5141
Organization Marketing Name: CLOVER HEALTH
Parent Organization: IJKG Opco LLC

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2013 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 7,274	Contact Title: Manager, Regulatory and Compliance Name: Travis Sutphin Phone: 1-201-416-3703 Extension: Fax: 1-732-384-2282 Email: travis.sutphin@cloverhealth.com Address: Harborside Financial Center Plaza 10 Suite 803 City: Jersey City State: NJ Zip: 07311 Last Updated: 07/06/2015
Legal Entity Address: Harborside Financial Center Plaza Ten, Suite 803 City: Jersey City State: NJ Zip: 07311	

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

Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 05/01/2014 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 15,523	Contact Title: Director, Marketing Name: Tim Cloonan Phone: 1-937-224-3300 Extension: 3920 Fax: Email: Timothy.Cloonan@caresource.com Address: P. O. Box 8738
Legal Entity Address: 230 N. Main Street City: Dayton State: OH Zip: 45402	City: Dayton State: OH Zip: 45401 Last Updated: 01/31/2014

Legal Entity Name: CARITEN HEALTH PLAN INC.
Contract Number: H4461
Organization Marketing Name: Cariten Health Plan Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1998 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 106,829	Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street
Legal Entity Address: 2160 Lakeside Centre Way, Suite 200 City: Knoxville State: TN Zip: 37922	City: Louisville State: KY Zip: 40202 Last Updated: 05/07/2013

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

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 10/01/2012 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta	Contact Title: Executive Director Name: Thomas Chang Phone: 1-336-746-3500 Extension: Fax: 1-336-746-3519
--	--

<p>Enrollment: 144</p> <p>Legal Entity Address: 802 East Center Street</p> <p>City: Lexington State: NC Zip: 27292</p>	<p>Email: tchang@uchas.org Address: 802 East Center Street</p> <p>City: Lexington State: NC Zip: 27292 Last Updated: 12/18/2013</p>
<p>Legal Entity Name: CATHOLIC HEALTH SYSTEM BUFFALO PACE Contract Number: H1518</p> <p>Organization Marketing Name: Catholic Health LIFE Parent Organization: Catholic Health System, Inc.</p>	
<p>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: 190</p> <p>Legal Entity Address: 55 Melroy Avenue</p> <p>City: Lackawanna State: NY Zip: 14218</p>	<p>Contact Title: Executive Director Name: John Beyer Phone: 1-716-819-5101 Extension: Fax: Email: jbeyer@chsbuffalo.org Address: 55 Melroy Avenue</p> <p>City: Lackawanna State: NY Zip: 14218 Last Updated: 03/05/2015</p>
<p>Legal Entity Name: CATHOLIC MANAGED LONG TERM CARE, INC. Contract Number: H4393</p> <p>Organization Marketing Name: ArchCare Senior Life Parent Organization: Catholic Health Care System</p>	
<p>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: 380</p> <p>Legal Entity Address: 1432 Fifth Avenue</p> <p>City: New York State: NY Zip: 10035</p>	<p>Contact Title: Director of Quality Assurance Name: Janet O'Connor Phone: 1-646-289-7700 Extension: Fax: Email: jaoconnor@archcare.org Address: 1432 Fifth Avenue</p> <p>City: New York State: NY Zip: 10035 Last Updated: 05/05/2014</p>
<p>Legal Entity Name: CATHOLIC SPECIAL NEEDS PLAN, LLC Contract Number: H1777</p> <p>Organization Marketing Name: ArchCare Advantage Parent Organization: Catholic Health Care 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: New York Enrollment: 1,579</p> <p>Legal Entity Address: 205 Lexington Avenue 14th Floor City: New York State: NY Zip: 10016</p>	<p>Contact Title: Director of Regulatory Compliance Name: Victor Fama Phone: 1-917-484-5055 Extension: Fax: 1-646-794-1400 Email: vfama@archcare.org Address: 33 Irving Place 11th Floor City: New York State: NY Zip: 10003 Last Updated: 05/15/2014</p>

Legal Entity Name: CDPHP UNIVERSAL BENEFITS, INC. **Contract Number:** H5042
Organization Marketing Name: CDPHP Medicare Choices
Parent Organization: Capital District Physicians' Health Plan, Inc.

<p>Organization Type: Local CCP</p> <p>Plan Type: Local PPO</p> <p>Contract Effective Date: 01/01/2008</p> <p>Tax Status: Not-for-Profit/Non-Profit</p> <p>CMS Region Responsible: New York</p> <p>Enrollment: 7,483</p> <p>Legal Entity Address: 500 Patroon Creek Blvd.</p> <p>City: Albany</p> <p>State: NY</p> <p>Zip: 12206</p>	<p>Contact Title: Director, Medicare Operations and Compliance</p> <p>Name: Elizabeth Loomis</p> <p>Phone: 1-800-926-7526</p> <p>Extension:</p> <p>Fax:</p> <p>Email: info@cdphp.com</p> <p>Address: 500 Patroon Creek Blvd</p> <p>City: Albany</p> <p>State: NY</p> <p>Zip: 12206</p> <p>Last Updated: 06/19/2013</p>
--	---

Legal Entity Name: CENTER FOR ELDERS INDEPENDENCE **Contract Number:** H5405
Organization Marketing Name: Center For Elders' Independence
Parent Organization: Center For Elders Independence

<p>Organization Type: National PACE</p> <p>Plan Type: National PACE</p> <p>Contract Effective Date: 11/01/2003</p> <p>Tax Status: Not-for-Profit/Non-Profit</p> <p>CMS Region Responsible: San Francisco</p> <p>Enrollment: 603</p> <p>Legal Entity Address: 510-17th St., Suite 400</p> <p>City: OAKLAND</p> <p>State: CA</p> <p>Zip: 94612</p>	<p>Contact Title: IT Manager</p> <p>Name: Mohammed Moharram</p> <p>Phone: 1-510-433-1160</p> <p>Extension: 7103</p> <p>Fax:</p> <p>Email: mmoharram@cei.elders.org</p> <p>Address: 510-17th St., Suite 400</p> <p>City: Oakland</p> <p>State: CA</p> <p>Zip: 94612</p> <p>Last Updated: 04/30/2013</p>
--	---

Legal Entity Name: CENTER FOR SENIOR INDEPENDENCE **Contract Number:** H2318
Organization Marketing Name: PACE Southeast Michigan
Parent Organization: Henry Ford Health System

<p>Organization Type: National PACE</p> <p>Plan Type: National PACE</p> <p>Contract Effective Date: 11/01/2003</p> <p>Tax Status: Not-for-Profit/Non-Profit</p> <p>CMS Region Responsible: Chicago</p> <p>Enrollment: 385</p> <p>Legal Entity Address: 7800 W. OUTER DRIVE, SUITE 240</p> <p>City: DETROIT</p> <p>State: MI</p> <p>Zip: 48235</p>	<p>Contact Title: President & CEO</p> <p>Name: Mary Naber</p> <p>Phone: 1-313-543-6320</p> <p>Extension:</p> <p>Fax: 1-313-543-6222</p> <p>Email: mary.naber@pacesemi.org</p> <p>Address: 7800 W Outer Drive Suite 240</p> <p>City: Detroit</p> <p>State: MI</p> <p>Zip: 48235</p> <p>Last Updated: 03/12/2015</p>
---	---

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

<p>Organization Type: National PACE</p> <p>Plan Type: National PACE</p> <p>Contract Effective Date: 11/01/2003</p> <p>Tax Status: Not-for-Profit/Non-Profit</p> <p>CMS Region Responsible: New York</p> <p>Enrollment: 2,801</p> <p>Legal Entity Address: 1250 Waters Place Tower 1, Suite 602 City: BRONX State: NY Zip: 10461</p>	<p>Contact Title: VP for Provider Relations & Network Development</p> <p>Name: Cathy Neiman</p> <p>Phone: 1-347-640-6170</p> <p>Extension:</p> <p>Fax:</p> <p>Email: cneiman@centerlight.org</p> <p>Address: 1250 Waters Place Tower 1, Suite 602 City: Bronx State: NY Zip: 10461</p> <p>Last Updated: 02/17/2015</p>
<p>Legal Entity Name: CENTERLIGHT HEALTHCARE, INC. Contract Number: H5989</p> <p>Organization Marketing Name: CenterLight Healthcare</p> <p>Parent Organization: CenterLight Health System, Inc.</p>	
<p>Organization Type: Local CCP</p> <p>Plan Type: HMO/HMOPOS</p> <p>Contract Effective Date: 01/01/2007</p> <p>Tax Status: Not-for-Profit/Non-Profit</p> <p>CMS Region Responsible: New York</p> <p>Enrollment: 1,040</p> <p>Legal Entity Address: 1250 Waters Place Tower 1, Suite 602 City: Bronx State: NY Zip: 10461</p>	<p>Contact Title: VP for Provider Relations & Network Development</p> <p>Name: Cathy Neiman</p> <p>Phone: 1-347-640-6170</p> <p>Extension:</p> <p>Fax:</p> <p>Email: cneiman@centerlight.org</p> <p>Address: 1250 Waters Place Tower 1, Suite 602 City: Bronx State: NY Zip: 10461</p> <p>Last Updated: 02/21/2012</p>
<p>Legal Entity Name: CENTERLIGHT HEALTHCARE, INC. Contract Number: H8420</p> <p>Organization Marketing Name: CenterLight Healthcare FIDA Plan Parent Organization: CenterLight Health System, Inc.</p>	
<p>Organization Type: Demo</p> <p>Plan Type: Medicare-Medicaid Plan HMO/HMOPOS</p> <p>Contract Effective Date: 01/01/2015</p> <p>Tax Status: Not-for-Profit/Non-Profit</p> <p>CMS Region Responsible: New York</p> <p>Enrollment: 348</p> <p>Legal Entity Address: 1250 Waters Place Tower 1, Suite 602 City: Bronx State: NY Zip: 10461</p>	<p>Contact Title: VP for Provider Relations & Network Development</p> <p>Name: Cathy Neiman</p> <p>Phone: 1-347-640-6170</p> <p>Extension:</p> <p>Fax:</p> <p>Email: cneiman@centerlight.org</p> <p>Address: 1250 Waters Place Tower 1, Suite 602 City: Bronx State: NY Zip: 10461</p> <p>Last Updated: 02/05/2013</p>
<p>Legal Entity Name: CENTERS PLAN FOR HEALTHY LIVING, LLC Contract Number: H3018</p> <p>Organization Marketing Name: Centers Plan for FIDA Care Complete</p> <p>Parent Organization: Centers Plan for Healthy Living, LLC</p>	
<p>Organization Type: Demo</p> <p>Plan Type: Medicare-Medicaid Plan HMO/HMOPOS</p> <p>Contract Effective Date: 01/01/2015</p> <p>Tax Status: For Profit</p> <p>CMS Region Responsible: New York</p>	<p>Contact Title: Director of Regulatory Compliance</p> <p>Name: Salamon Reyes</p> <p>Phone: 1-718-215-7000</p> <p>Extension: 3285</p> <p>Fax:</p>

Enrollment: 65

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

Email: sreyes@centersplan.com

Address: 75 Vanderbilt avenue
suite 600

City: Staten Island
State: NY
Zip: 10304

Last Updated: 08/13/2015

Legal Entity Name: CENTERS PLAN FOR HEALTHY LIVING,
LLC **Contract Number:** H6988

Organization Marketing Name: Centers Plan for Healthy Living

Parent Organization: Centers Plan for Healthy Living, LLC

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 231

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

Contact Title: Director of Regulatory Compliance

Name: Salamon Reyes

Phone: 1-718-215-7000

Extension: 3285

Fax:

Email: sreyes@centersplan.com

Address: 75 Vanderbilt avenue
suite 600

City: Staten Island
State: NY

Zip: 10304

Last Updated: 08/13/2015

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

Organization Marketing Name: Centra PACE

Parent Organization: Centra Health, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 02/01/2009
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 165

Legal Entity Address: 407 Federal Street

City: Lynchburg
State: VA
Zip: 24504

Contact Title: Centra PACE Program Director

Name: George C Graham

Phone: 1-434-200-6516

Extension:

Fax:

Email: george.graham@centrahealth.com

Address: 407 Federal Street

City: Lynchburg

State: VA

Zip: 24504

Last Updated: 07/08/2013

Legal Entity Name: CENTRAL HEALTH PLAN OF CALIFORNIA,
INC. **Contract Number:** H5649

Organization Marketing Name: Central Health Medicare Plan

Parent Organization: AHMC Central Health LLC

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2006
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 28,633

Legal Entity Address: 1540 Bridgegate Drive

City: Diamond Bar
State: CA
Zip: 91765

Contact Title:

Name: Marketing Department

Phone: 1-626-388-2390

Extension: 3106

Fax: 1-626-388-2379

Email: marketing@centralhealthplan.com

Address: 1540 Bridgegate Drive

City: Diamond Bar

State: CA

Zip: 91765

Last Updated: 01/07/2011

Legal Entity Name: CENTRAL VALLEY MEDICAL SERVICES CORPORATION **Contract Number:** H9592

Organization Marketing Name: Fresno PACE

Parent Organization: Central Valley Medical Services Corporation

Organization Type: National PACE **Contact Title:** Administrator
Plan Type: National PACE **Name:** Abe Marouf
Contract Effective Date: 08/01/2014 **Phone:** 1-559-400-6422 **Tax Status:** Not-for-Profit/Non-Profit **Extension:**
CMS Region Responsible: San Francisco **Fax:** 1-877-641-0513 **Enrollment:** 94 **Email:** gmarouf@cvmedicalsolutions.org
Address: 2042 Kern St.
Legal Entity Address: 2042 Kern St. **City:** Fresno
City: Fresno **State:** CA
State: CA **Zip:** 93721
Zip: 93721 **Last Updated:** 09/02/2014

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

Organization Type: Local CCP **Contact Title:**
Plan Type: HMO/HMOPOS **Name:** Pamela Wilson
Contract Effective Date: 01/01/2013 **Phone:** 1-800-448-6262
Tax Status: For Profit **Extension:**
CMS Region Responsible: Kansas City **Fax:**
Enrollment: 10,441 **Email:** pwilson@humana.com
Address: 101 East Main Street
Legal Entity Address: 500 West Main Street
City: Louisville **City:** Louisville
State: KY **State:** KY
Zip: 40202 **Zip:** 40202
Last Updated: 05/07/2013

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

Organization Type: National PACE **Contact Title:** Business Manager **Plan Type:** National PACE **Name:** Courtney Berg
Contract Effective Date: 03/01/2014 **Phone:** 1-757-234-8433 **Tax Status:** Not-for-Profit/Non-Profit **Extension:**
CMS Region Responsible: Philadelphia **Fax:** 1-757-369-5807
Enrollment: 67 **Email:** courtney.berg@rivhs.com
Address: 439 Oriana Road Suite B
Legal Entity Address: 439 Oriana Road Suite B **City:** Newport News
City: Newport News **State:** VA
State: VA **Zip:** 23608
Zip: 23608 **Last Updated:** 12/16/2013

Legal Entity Name: CHEROKEE NATION COMPREHENSIVE CARE AGENCY **Contract Number:** H4142
Organization Marketing Name: Cherokee Elder Care
Parent Organization: Cherokee Nation Comprehensive Care Agency

Organization Type: National PACE	Contact Title: Chief Financial Officer
Plan Type: National PACE	Name: Thelma Pittman-Alderson
Contract Effective Date: 08/01/2008	Phone: 1-918-207-4936
CMS Region Responsible: Dallas	Tax Status: Not-for-Profit/Non-Profit
Enrollment: 140	Extension:
	Fax: 1-918-431-4112
	Email: thelma-pittman@cherokee.org
	Address: 1387 W 4th St.
Legal Entity Address: 1387 W 4th St.	
	City: Tahlequah
City: Tahlequah	State: OK
State: OK	Zip: 74464
Zip: 74464	Last Updated: 05/12/2014

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

Organization Type: Local CCP	Contact Title: Manager of Marketing Name:
Plan Type: HMO/HMOPOS	YoungSoo Cho
Contract Effective Date: 08/01/1994	Phone: 1-415-955-8800
Tax Status: For Profit	Extension: 3309
CMS Region Responsible: San Francisco	Fax: 1-415-955-8819
Enrollment: 8,373	Email: ycho@cchphmo.com
	Address: 445 Grant Avenue
	Suite 700
Legal Entity Address: 445 Grant Avenue	City: San Francisco
Suite 700	State: CA
City: SAN FRANCISCO	Zip: 94108
State: CA	Last Updated: 05/31/2012
Zip: 94108	

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

Organization Type: Local CCP	Contact Title: Executive Director
Plan Type: HMO/HMOPOS	Name: Anita Leal
Contract Effective Date: 01/01/2015	Phone: 1-469-282-2585
Tax Status: Not-for-Profit/Non-Profit	Extension:
CMS Region Responsible: Dallas	Fax:
Enrollment: 72	Email: anita.leal@christushealth.org
	Address: 919 Hidden Ridge
Legal Entity Address: 919 Hidden Ridge	
	City: Irving
City: Irving	State: TX
State: TX	Zip: 75038
Zip: 75038	Last Updated: 03/16/2015

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

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Wendy Wetzel
Contract Effective Date: 01/01/2014	Phone: 1-800-668-3813
Tax Status: For Profit	Extension:
CMS Region Responsible: Dallas	Fax:
Enrollment: 1,607	Email: letushelpyou@healthspring.com
	Address: PO Box 20002
Legal Entity Address: 900 Cottage Grove Rd	
	City: Nashville

City: Bloomfield
State: CT
Zip: 06002

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

Legal Entity Name: CIGNA HEALTHCARE OF ARIZONA, INC. **Contract Number:** H0354

Organization Marketing Name: Cigna
Parent Organization: CIGNA

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 12/01/1992
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 43,834

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

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

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

Legal Entity Name: CIGNA HEALTHCARE OF GEORGIA, INC. **Contract Number:** H0439

Organization Marketing Name: Cigna-HealthSpring
Parent Organization: CIGNA

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 19,553

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

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

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

Legal Entity Name: CIGNA HEALTHCARE OF NORTH CAROLINA, INC. **Contract Number:** H9725

Organization Marketing Name: Cigna-Healthspring
Parent Organization: CIGNA

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 7,306

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

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

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

Legal Entity Name: CIGNA HEALTHCARE OF SOUTH CAROLINA, INC. **Contract Number:** H7020

Organization Marketing Name: Cigna-Healthspring
Parent Organization: CIGNA

Organization Type: Local CCP

Contact Title:

Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 8,742

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

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

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

Legal Entity Name: CLEARRIVER HEALTH
Contract Number: H7903

Organization Marketing Name: ClearRiver Health

Parent Organization: Catholic Health Initiatives

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Denver
Enrollment: 273

Legal Entity Address: 2525 de Sales Ave

City: Chattanooga
State: TN
Zip: 37404

Contact Title: VP, Medicare Advantage Sales & Marketing
Name: Kim Heuss
Phone: 1-253-345-5555
Extension: 4305
Fax: 1-253-779-8829
Email: Kim.Heuss@prominencehealth.com **Address:** 32129
Weyerhaeuser Way S., Suite 201

City: Federal Way
State: WA
Zip: 98001
Last Updated: 02/25/2015

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

Organization Marketing Name: Colorado Choice Health Plans

Parent Organization: Colorado Choice Health Plans

Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 01/01/1994
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Denver
Enrollment: 825

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

Contact Title: Compliance Analyst **Name:**
Manuela Heredia
Phone: 1-719-589-3696 **Extension:**
1783
Fax: 1-719-589-4901
Email: mheredia@cochoice.com
Address: 700 Main Street, Suite 100

City: Alamosa
State: CO
Zip: 81101
Last Updated: 09/18/2013

Legal Entity Name: COMMONWEALTH CARE ALLIANCE,
INC. **Contract Number:** H0137

Organization Marketing Name: Commonwealth Care Alliance, Inc.

Parent Organization: Commonwealth Care Alliance, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 10/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 10,760

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

Contact Title: Sr. Director of Regulatory Affairs
Name: Gail Coleman
Phone: 1-617-426-0600
Extension: 1236
Fax: 1-617-426-3097
Email: gcoleman@commonwealthcare.org
Address: 30 Winter Street

City: Boston
State: MA
Zip: 02108

Zip: 02108

Last Updated: 04/05/2013

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

Organization Marketing Name: Commonwealth Care Alliance, Inc.
Parent Organization: Commonwealth Care Alliance, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 06/01/2004
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 6,638

Legal Entity Address: 30 WINTER STREET

City: BOSTON
State: MA
Zip: 02108

Contact Title: Sr. Director of Regulatory Affairs
Name: Gail Coleman
Phone: 1-617-426-0600
Extension: 1236
Fax: 1-617-426-3097
Email: gcoleman@commonwealthcare.org
Address: 30 Winter Street

City: Boston
State: MA
Zip: 02108

Last Updated: 04/05/2013

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

Organization Marketing Name: Community Care Alliance of Illinois, NFP **Parent Organization:** Family Health Network

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 1,892

Legal Entity Address: 322 S. Green Street
Suite 400

City: Chicago
State: IL
Zip: 60607

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

City: Chicago
State: IL
Zip: 60607

Last Updated: 09/30/2014

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

Organization Marketing Name: Community Care
Parent Organization: Community Care, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2008
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 290

Legal Entity Address: 205 Bishops Way

City: Brookfield
State: WI
Zip: 53005

Contact Title:
Name: Provider Hotline
Phone: 1-866-937-2783
Extension: **Fax:**
Email: claimsinquiries@communitycareinc.org
Address: 1801 Dolphin Drive

City: Waukesha
State: WI
Zip: 53186

Last Updated: 02/17/2010

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

Organization Marketing Name: Community Care
Parent Organization: Community Care, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/1999
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago

Contact Title:
Name: Provider Hotline
Phone: 1-866-937-2783
Extension:
Fax:

<p>Enrollment: 268</p> <p>Legal Entity Address: 205 Bishops Way</p> <p>City: Brookfield State: WI Zip: 53005</p>	<p>Email: claimsinquiries@communitycareinc.org</p> <p>Address: 1801 Dolphin Drive</p> <p>City: Waukesha State: WI Zip: 53186 Last Updated: 02/17/2010</p>
<p>Legal Entity Name: COMMUNITY CARE HMO, INC Contract Number: H3755</p> <p>Organization Marketing Name: CommunityCare Senior Health Plan (HMO)</p> <p>Parent Organization: CommunityCare Managed Healthcare Plans of OK, Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1996 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 29,123</p> <p>Legal Entity Address: 218 W. 6TH STREET</p> <p>City: TULSA State: OK Zip: 74119</p>	<p>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</p> <p>City: Tulsa State: OK Zip: 74119 Last Updated: 12/14/2010</p>
<p>Legal Entity Name: COMMUNITY CARE, INC. Contract Number: H5212</p> <p>Organization Marketing Name: Community Care</p> <p>Parent Organization: Community Care, Inc.</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: Chicago Enrollment: 603</p> <p>Legal Entity Address: 205 Bishops Way</p> <p>City: Brookfield State: WI Zip: 53005</p>	<p>Contact Title: Name: Provider Hotline Phone: 1-866-937-2783 Extension: Fax: Email: claimsinquiries@communitycareinc.org Address: 1801 Dolphin Drive</p> <p>City: Waukesha State: WI Zip: 53186 Last Updated: 02/17/2010</p>
<p>Legal Entity Name: COMMUNITY CAREPARTNERS, INC. Contract Number: H6846</p> <p>Organization Marketing Name: CarePartners PACE Parent Organization: Mission Health</p>	
<p>Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2015 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 33</p> <p>Legal Entity Address: 286 Overlook Road</p> <p>City: Asheville State: NC Zip: 28803</p>	<p>Contact Title: Executive Director Name: David Beijer Phone: 1-828-274-9567 Extension: Fax: 1-828-277-4856 Email: dbeijer@carepartners.org Address: 68 Sweeten Creek Road</p> <p>City: Asheville State: NC Zip: 28803 Last Updated: 02/07/2014</p>

Legal Entity Name: COMMUNITY ELDERCARE OF SAN DIEGO Contract Number: H5629 Organization Marketing Name: St. Paul's PACE Parent Organization: Community Eldercare of San Diego	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 397 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
Legal Entity Name: COMMUNITY HEALTH GROUP Contract Number: H5172 Organization Marketing Name: Community Health Group Parent Organization: Community Health Group	
Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 04/01/2014 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 5,382 Legal Entity Address: 2420 FENTON STREET, SUITE 100 City: CHULA VISTA State: CA Zip: 91914	Contact Title: Compliance Officer Name: Heidi Arndt Phone: 1-619-240-8828 Extension: Fax: 1-619-422-5930 Email: harndt@chgsd.com Address: 2420 Fenton Street Suite 100 City: Chula Vista State: CA Zip: 91914 Last Updated: 08/05/2015
Legal Entity Name: COMMUNITY HEALTH PLAN OF WASHINGTON Contract Number: H5826 Organization Marketing Name: Community HealthFirst Medicare Advantage Plan Parent Organization: Community Health Plan of Washington	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 16,676 Legal Entity Address: 720 Olive Way Suite 300 City: Seattle State: WA Zip: 981011830	Contact Title: Customer Service Department Name: Customer Care Phone: 1-800-942-0247 Extension: Fax: 1-206-521-8834 Email: CustomerCare@chpw.org Address: 720 Olive Way Suite 300 City: Seattle State: WA Zip: 98101-1830 Last Updated: 05/21/2010
Legal Entity Name: COMMUNITY INSURANCE COMPANY Contract Number: H3655 Organization Marketing Name: Anthem Blue Cross and Blue Shield Parent Organization: Anthem Inc.	

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/01/1994
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 127,966

Legal Entity Address: 4361 Irwin Simpson Road

City: Mason
State: OH
Zip: 45040

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

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

Legal Entity Name: COMPCARE HEALTH SERVICES INSURANCE CORPORATION **Contract Number:** H9525

Organization Marketing Name: Anthem Blue Cross and Blue Shield **Parent Organization:**
Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
CMS Region Responsible: Chicago
Enrollment: 1,761

Legal Entity Address: N17 W24340 Riverwood

City: Waukesha
State: WI
Zip: 53188

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

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

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

Organization Marketing Name: Complete Senior Care
Parent Organization: Health Association of Niagara County,
Incorp.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 08/01/2011
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 109

Legal Entity Address: 1302 Main Street

City: Niagra Falls
State: NY
Zip: 14301

Contact Title: Enrollment/Marketing
Name: Virginia McAuliffe
Phone: 1-716-285-8248
Extension: 111
Fax:
Email: McAuliffe@completeseniorcare.org
Address: 1302 Main Street

City: Niagra Falls
State: NY
Zip: 14301
Last Updated: 02/19/2013

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

Organization Marketing Name: CentraCare
Parent Organization: Comprehensive Senior Care Corporation

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 04/01/2009
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 259

Legal Entity Address: 200 W. Michigan Avenue
Suite 103

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

City: Battle Creek
State: MI
Zip: 49017

State: MI
Zip: 49017
Last Updated: 01/31/2015

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

Organization Marketing Name: ConnectiCare, Inc.

Parent Organization: EmblemHealth, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2008
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 61,525

Legal Entity Address: 175 Scott Swamp Road

City: Farmington
State: CT
Zip: 06032

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

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

Organization Marketing Name: Consolidated Assoc Of Railroad Employees Hc

Parent Organization: Consolidated Assoc of Railroad Employees HC

Organization Type: HCPP - 1833 Cost Contact Title: Medicare Coordinator Plan Type: HCPP - 1833 Cost Name: Kathy
Hampton
Contract Effective Date: 01/01/1992 Phone: 1-254-773-1330 Tax Status: Not-for-Profit/Non-Profit
Extension: 268
CMS Region Responsible: Dallas Fax: 1-254-774-8029 Enrollment: 2,990 Email: kathyh@care.vvm.com
Address: P.O. Box 6130 Legal Entity Address:
4912 MIDWAY DR.
P.O. BOX 6130
City: Temple
State: TX
Zip: 76502
Last Updated: 07/26/2010

Legal Entity Name: CONSTELLATION HEALTH,
LLC. Contract Number: H3054

Organization Marketing Name: Constellation Health

Parent Organization: Constellation Health, LLC.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 5,806

Legal Entity Address: 1064 Ponce de Leⁿ
Avenue, Suite 500

City: San Juan
State: PR
Zip: 00907

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

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

Legal Entity Name: CONSTELLATION HEALTH,
LLC. Contract Number: H4876

Organization Marketing Name: Constellation Health

Parent Organization: Constellation Health, LLC.

Organization Type: Local CCP
Plan Type: Local PPO

Contact Title: Director of Operations
Name: Roxana Rosario

Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 127

Phone: 1-866-714-0724
Extension:
Fax:
Email: rrosario@constellationhealth.com
Address: PO Box 360493

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

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

Legal Entity Name: CONSTELLATION HEALTH,
LLC. **Contract Number:** H8266

Organization Marketing Name: Constellation Health

Parent Organization: Constellation Health, LLC.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 1,737

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

Legal Entity Address: 1064 Ponce de Leⁿ Ave,
Suite 500
City: San Juan
State: PR
Zip: 00907

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

Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY **Contract Number:**
H1608

Organization Marketing Name: Coventry Health Care

Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 07/01/2005
CMS Region Responsible: Denver
Enrollment: 30,552

Contact Title:
Name: Aetna Customer Service
Phone: 1-866-901-4692 **Tax Status:** For Profit **Extension:**
Fax:
Email: CustomerService@aetna.com

Legal Entity Address: 4320 114th Street

City: Urbandale
State: IA
Zip: 50322

Address: 151 Farmington Avenue
City: Hartford
State: CT
Zip: 06156
Last Updated: 11/26/2014

Legal Entity Name: COVENTRY HEALTH CARE OF
ILLINOIS, INC. **Contract Number:** H7301

Organization Marketing Name: Coventry Health Care of Illinois,
Inc.

Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2008
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 15,629

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

Legal Entity Address: 2110 Fox Drive, Ste. A

City: Champaign
State: IL

City: Hartford
State: CT
Zip: 06156

Zip: 61820

Last Updated: 11/26/2014

Legal Entity Name: COVENTRY HEALTH CARE OF KANSAS, INC. **Contract Number:** H2672

Organization Marketing Name: Coventry Health Care

Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Contract Effective Date: 05/01/1999

Tax Status: For Profit

CMS Region Responsible: Denver

Enrollment: 17,699

Legal Entity Address: 9401 Indian Creek Parkway Suite 1300

City: Overland Park

State: KS

Zip: 66210

Contact Title:

Name: Aetna Customer Service

Phone: 1-800-727-9712

Extension:

Fax:

Email: CustomerService@aetna.com

Address: 151 Farmington Avenue

City: Hartford

State: CT

Zip: 06156

Last Updated: 11/25/2014

Legal Entity Name: COVENTRY HEALTH CARE OF MISSOURI, INC **Contract Number:** H2663

Organization Marketing Name: Coventry Health Care of Missouri, Inc.

Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Contract Effective Date: 11/01/1995

Tax Status: For Profit

CMS Region Responsible: Denver

Enrollment: 57,771

Legal Entity Address: 550 Maryville Centre Drive Suite 300

City: St. Louis

State: MO

Zip: 631415818

Contact Title:

Name: Aetna Customer Service

Phone: 1-800-533-

0367 **Extension:** **Fax:**

Email: CustomerService@aetna.com

Address: 151 Farmington Avenue

City: Hartford

State: CT

Zip: 06156

Last Updated: 11/25/2014

Legal Entity Name: COVENTRY HEALTH CARE OF MISSOURI, INC **Contract Number:** H2667

Organization Marketing Name: Coventry Health Care

Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Contract Effective Date: 02/01/1997

Tax Status: For Profit

CMS Region Responsible: Denver

Enrollment: 19,523

Legal Entity Address: 550 Maryville Center Dr. Suite 300

City: St. Louis

State: MO

Zip: 63141

Contact Title:

Name: Aetna Customer Service

Phone: 1-800-533-0367

Extension:

Fax:

Email: CustomerService@aetna.com

Address: 151 Farmington Avenue

City: Hartford

State: CT

Zip: 06156

Last Updated: 11/25/2014

Legal Entity Name: COVENTRY HEALTH CARE OF NEBRASKA, INC. **Contract Number:** H7149

Organization Marketing Name: Coventry Health Care

Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/2008

Tax Status: For Profit

Contact Title:

Name: Aetna Customer Service

Phone: 1-866-901-4692

Extension:

CMS Region Responsible: Denver
Enrollment: 6,578

Legal Entity Address: 15950 West Dodge Road

City: Omaha
State: NE
Zip: 681184030

Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

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

Legal Entity Name: COVENTRY HEALTH CARE OF WEST VIRGINIA, INC. **Contract Number:** H1692

Organization Marketing Name: Coventry Health Care

Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 3,474

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

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

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

Legal Entity Name: CRESTPOINT HEALTH INSURANCE COMPANY **Contract Number:** H0879

Organization Marketing Name: CrestPoint Health Insurance Company
Parent Organization: Mountain States Health Alliance

Organization Type: Local CCP
Plan Type: Local PPO **Contract Effective Date:** 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 5,287

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

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

Legal Entity Name: CUATRO LLC
Contract Number: H4866

Organization Marketing Name: Access Medicare
Parent Organization: Cuatro LLC.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2011
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 4,362

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

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

Legal Entity Name: DEAN HEALTH PLAN, INC. **Contract Number:** H5264
Organization Marketing Name: Dean Health Plan, Inc.
Parent Organization: Dean Health Systems Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1999 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 24,789	Contact Title: jamie.logsdon@deancare.com Name: Jamie Logsdon Phone: 1-608-827-4404 Extension: Fax: Email: jamie.logsdon@deancare.com Address: 1277 Deming Way City: Madison State: WI Zip: 53717 Last Updated: 07/08/2014
Legal Entity Address: 1277 DEMING WAY City: MADISON State: WI Zip: 53717	

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 4,331	Contact Title: Government Product Specialist Name: Diane Kirsch Phone: 1-303-602-2021 Extension: Fax: 1-303-602-2094 Email: diane.kirsch@dhha.org Address: 777 Bannock Street Mail Code 6000 City: Denver State: CO Zip: 80204 Last Updated: 04/25/2014
Legal Entity Address: 777 Bannock Street Mail Code 6000 City: Denver State: CO Zip: 80204	

Legal Entity Name: EASY CHOICE HEALTH PLAN INC. **Contract Number:** H5087
Organization Marketing Name: Easy Choice Health Plan
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 32,665	Contact Title: Membership Operations Department Name: Customer Service Phone: 1-866-999-3945 Extension: Fax: 1-877-999-3945 Email: info@easychoicehp.com Address: 180 E. Ocean Blvd. Suite 700 City: Long Beach State: CA Zip: 90802 Last Updated: 06/24/2010
Legal Entity Address: 180 E. Ocean Blvd Suite 700 City: Long Beach State: CA Zip: 90802	

Legal Entity Name: ELDER SVC PLAN OF THE CAMBRIDGE HEALTH ALLIANCE **Contract Number:** H2221
Organization Marketing Name: Elder Svc Pln/Cambridge Health Alliance **Parent Organization:** Cambridge Health Alliance

<p>Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Extension: CMS Region Responsible: Boston Enrollment: 287</p> <p>Legal Entity Address: 270 GREEN STREET</p> <p>City: CAMBRIDGE State: MA Zip: 02139</p>	<p>Contact Title: Manager of Finance & Information Services Name: Estenieau Jean Phone: 1-617-665-3112 Tax Status: Not-for-Profit/Non-Profit</p> <p>Fax: 1-617-665-3110 Email: ejean@challiance.org Address: 270 Green Street</p> <p>City: Cambridge State: MA Zip: 02139 Last Updated: 05/02/2011</p>
<p>Legal Entity Name: ELDER SVC PLN/E BOSTON HEALTH CENTER Contract Number: H2223</p> <p>Organization Marketing Name: Elder Svc Pln/E Boston Health Center Parent Organization: Elder Svc Pln/E Boston Health Center</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: Boston Enrollment: 407</p> <p>Legal Entity Address: 10 GOVE STREET</p> <p>City: EAST BOSTON State: MA Zip: 02128</p>	<p>Contact Title: Name: Pamela Pattavina Phone: 1-617-569-5800 Extension: Fax: Email: pattavip@EBNHC.ORG Address: 10 Gove St</p> <p>City: East Boston State: MA Zip: 02128 Last Updated: 02/22/2013</p>
<p>Legal Entity Name: ELDERHAUS INC. Contract Number: H3942</p> <p>Organization Marketing Name: Elderhaus PACE Parent Organization: Elderhaus Inc.</p>	
<p>Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 103</p> <p>Legal Entity Address: 2222 S. 17th St.</p> <p>City: Wilmington State: NC Zip: 28401</p>	<p>Contact Title: CEO Name: Rick Richards Phone: 1-910-343-8209 Extension: Fax: 1-910-343-8836 Email: rick.richards@elderhaus.com Address: 2222 S. 17th St.</p> <p>City: Wilmington State: NC Zip: 28401 Last Updated: 05/12/2014</p>
<p>Legal Entity Name: ELDERPLAN, INC. Contract Number: H3347</p> <p>Organization Marketing Name: Elderplan Parent Organization: Elderplan, Inc.</p>	

<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 15,231</p> <p>Legal Entity Address: 6323 SEVENTH AVENUE</p> <p>City: BROOKLYN State: NY Zip: 112204711</p>	<p>Contact Title: Director of Customer Services Name: Richard Rutherford Phone: 1-718-921-7979 Extension: Fax: 1-718-765-8885 Email: rrutherf@mjhs.org Address: 745 64th Street</p> <p>City: Brooklyn State: NY Zip: 11220 Last Updated: 11/11/2013</p>
--	--

<p>Legal Entity Name: ELDERPLAN, INC. Contract Number: H8029</p>	
<p>Organization Marketing Name: Elderplan FIDA Total Care Parent Organization: Elderplan, Inc.</p>	
<p>Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 353</p> <p>Legal Entity Address: 6323 Seventh Avenue</p> <p>City: Brooklyn State: NY Zip: 11220</p>	<p>Contact Title: Director of Customer Services Name: Richard Rutherford Phone: 1-718-921-7979 Extension: Fax: 1-718-921-8824 Email: rrutherf@mjhs.org Address: 6323 Seventh Avenue</p> <p>City: Brooklyn State: NY Zip: 11220 Last Updated: 10/24/2013</p>

<p>Legal Entity Name: ELDERSERVE HEALTH, INC. Contract Number: H6435</p>	
<p>Organization Marketing Name: RiverSpring FIDA Plan Parent Organization: Riverspring Health Holding Corp.</p>	
<p>Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 105</p> <p>Legal Entity Address: 94 West 225th Street, 2nd floor</p> <p>City: Bronx State: NY Zip: 10463</p>	<p>Contact Title: Name: Provider Services Phone: 1-855-511-8511 Extension: Fax: Email: joyce.wolchuk@elderservehealth.org Address: 94 West 225th Street, 2nd floor</p> <p>City: Bronx State: NY Zip: 10463 Last Updated: 04/08/2015</p>

<p>Legal Entity Name: ELEMENT CARE, INC. Contract Number: H2222</p>	
<p>Organization Marketing Name: Element Care, Inc Parent Organization: Element Care, Inc.</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: Boston Enrollment: 885</p> <p>Legal Entity Address: 37 FRIEND STREET</p> <p>City: LYNN</p>	<p>Contact Title: Director Marketing Name: Rachel Kestner Phone: 1-781-715-6650 Extension: Fax: 1-781-715-6699 Email: rkestner@elementcare.org Address: 37 Friend Street</p> <p>City: Lynn State: MA</p>

State: MA Zip: 01902	Zip: 01901 Last Updated: 06/30/2014
Legal Entity Name: EMPIRE HEALTHCHOICE ASSURANCE, INC. Contract Number: H3342	
Organization Marketing Name: Empire BlueCross BlueShield Parent Organization: Anthem Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 44,479 Legal Entity Address: 1 Liberty Plaza 165 Broadway City: New York State: NY Zip: 10006	Contact Title: Name: Customer Service Phone: 1-866-289-4250 Extension: Fax: Email: SrCsServices@wellpoint.com Address: 145 S. Pioneer Road City: Fon du Lac State: WI Zip: 54935 Last Updated: 04/05/2013

Legal Entity Name: EMPIRE HEALTHCHOICE HMO, INC. Contract Number: H3370	
Organization Marketing Name: Empire BlueCross BlueShield Parent Organization: Anthem Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1996 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 62,721 Legal Entity Address: 1 Liberty Plaza 165 Broadway City: New York State: NY Zip: 10006	Contact Title: Name: Customer Service Phone: 1-866-289-4250 Extension: Fax: Email: SrCsServices@wellpoint.com Address: 145 S. Pioneer Road City: Fon du Lac State: WI Zip: 54935 Last Updated: 04/05/2013

Legal Entity Name: ESSENCE HEALTHCARE, INC. Contract Number: H2610	
Organization Marketing Name: Essence Healthcare Parent Organization: Essence Group Holdings Corporation	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2004 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 52,424 Legal Entity Address: 13900 Riverport Drive City: Maryland Heights State: MO Zip: 63043	Contact Title: Name: Customer Service Phone: 1-314-209-2700 Extension: Fax: 1-314-770-6096 Email: customerservice@essencehealthcare.com Address: 13900 Riverport Drive City: Maryland Heights State: MO Zip: 63043 Last Updated: 12/29/2014

Legal Entity Name: EXCELLUS HEALTH PLAN, INC. Contract Number: H3335	
Organization Marketing Name: Excellus Health Plan, Inc Parent Organization: Lifetime Healthcare, Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2004 Tax Status: Not-for-Profit/Non-Profit	Contact Title: Customer Service Department Name: * Customer Service Phone: 1-877-883-9577 Extension:

CMS Region Responsible: New York
Enrollment: 46,555

Legal Entity Address: 165 Court St.

City: Rochester
State: NY
Zip: 14647

Fax:
Email: customerservice@excellus.com
Address: 205 Park Club Lane

City: Buffalo
State: NY
Zip: 14221
Last Updated: 06/11/2012

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

Organization Marketing Name: Excellus Health Plan, Inc
Parent Organization: Lifetime Healthcare, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/1990
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 72,011

Legal Entity Address: 165 Court Street

City: Rochester
State: NY **Zip:**
14647

Contact Title: Customer Service Department
Name: * Customer Service
Phone: 1-877-883-
9577 **Extension:** **Fax:**
Email: customerservice@excellus.com
Address: 205 Park Club Lane

City: Buffalo
State: NY
Zip: 14221
Last Updated: 08/08/2010

Legal Entity Name: FALLON COMMUNITY
HEALTH PLAN **Contract Number:** H2219

Organization Marketing Name: Summit ElderCare or
Fallon Health **Parent Organization:** Fallon
Community Health Plan

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/01/2002
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 925

Legal Entity Address: 10 CHESTNUT STREET

City: WORCESTER
State: MA
Zip: 01608

Contact Title: Pace Business Consultant
Name: Elizabeth Sabourin
Phone: 1-508-368-9090
Extension:
Fax:
Email: Elizabeth.Sabourin@fchp.org
Address: One Chestnut Place

10 Chestnut Street
City: Worcester
State: MA
Zip: 01608
Last Updated: 02/11/2015

Legal Entity Name: FALLON COMMUNITY
HEALTH PLAN **Contract Number:** H2411

Organization Marketing Name: Fallon Health

Parent Organization: Fallon Community Health
Plan

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 07/01/2005
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 13

Legal Entity Address: 10 CHESTNUT STREET

City: WORCESTER
State: MA
Zip: 01608

Contact Title:
Name: Customer Service
Phone: 1-508-799-2100
Extension: 69988
Fax:
Email: CustomerService@fchp.org
Address: One Chestnut Place

10 Chestnut Street
City: Worcester
State: MA
Zip: 01608
Last Updated: 04/26/2012

Legal Entity Name: FALLON COMMUNITY HEALTH PLAN **Contract Number:** H9001
Organization Marketing Name: Fallon Health
Parent Organization: Fallon Community Health Plan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1980 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 17,737	Contact Title: Name: Customer Service Phone: 1-508-799-2100 Extension: 69988 Fax: Email: CustomerService@fchp.org Address: One Chestnut Place 10 Chestnut Street City: Worcester State: MA Zip: 01608 Last Updated: 04/26/2012
Legal Entity Address: ONE CHESTNUT PLACE 10 CHESTNUT STREET City: WORCESTER State: MA Zip: 016082810	

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 35	Contact Title: Name: Customer Service Phone: 1-716-810-1892 Extension: Fax: Email: contactcustomerservice@fallonweinberg.org Address: 461 John James Audubon Parkway City: Amherst State: NY Zip: 14228 Last Updated: 11/07/2014
Legal Entity Address: 461 John James Audubon Parkway City: Amherst State: NY Zip: 14228	

Legal Entity Name: FALLON HEALTH WEINBERG, INC. **Contract Number:** H6596
Organization Marketing Name: Fallon Health Weinberg-PACE
Parent Organization: Fallon Community Health Plan

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 09/01/2015 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: *	Contact Title: Name: Customer Service Phone: 1-716-810-1892 Extension: Fax: Email: contactcustomerservice@fallonweinberg.org Address: 461 John James Audubon Parkway City: Amherst State: NY Zip: 14228 Last Updated: 11/07/2014
Legal Entity Address: 461 John James Audubon Parkway City: Amherst State: NY Zip: 14228	

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

Organization Type: Local CCP Plan Type: Local PPO	Contact Title: Program Integrity Manager Name: Johanna Watson
--	--

Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Seattle
Enrollment: 110

Phone: 1-503-471-5145
Extension:
Fax: 1-503-471-2195
Email: johannaw@familycareinc.org
Address: 825 NE Multnomah, Suite
1400

Legal Entity Address: 825 NE MULTNOMAH,
SUITE 1400

City: PORTLAND
State: OR
Zip: 97232

City: Portland
State: OR
Zip: 97232

Last Updated: 12/04/2014

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

Organization Marketing Name: FamilyCare Health Plans,
Inc. **Parent Organization:** FamilyCare Incorporated

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 09/01/2005
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Seattle
Enrollment: 3,649

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

Legal Entity Address: 825 NE MULTNOMAH,
SUITE 1400

City: PORTLAND
State: OR
Zip: 97232

City: Portland
State: OR
Zip: 97232

Last Updated: 12/04/2014

Legal Entity Name: FIDELIS SECURECARE OF
MICHIGAN **Contract Number:** H9487

Organization Marketing Name: Fidelis SecureCare of
Michigan **Parent Organization:** Centene
Corporation

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan
HMO/HMOPOS
Contract Effective Date: 05/01/2015
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 5,387

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

Legal Entity Address: 7700 Forsyth

City: St Louis
State: MO
Zip: 63105

City: St. Louis
State: MO
Zip: 63105

Last Updated: 05/08/2015

Legal Entity Name: FIRSTCAROLINACARE INSURANCE
COMPANY **Contract Number:** H6306

Organization Marketing Name: FirstCarolinaCare Insurance
Company **Parent Organization:** FirstHealth of the
Carolinas, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 4,150

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

Legal Entity Address: 42 Memorial Dr

City: Pinehurst
State: NC
Zip: 28374

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

Legal Entity Name: FIRSTCAROLINACARE INSURANCE
COMPANY **Contract Number:** H8064

Organization Marketing Name: FirstCarolinaCare Insurance
Company **Parent Organization:** FirstHealth of the
Carolinas, Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 1,189

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

Legal Entity Address: 42 Memorial Dr

City: Pinehurst
State: NC
Zip: 28374

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

Legal Entity Name: FLORIDA HEALTH CARE PLAN, INC.
Contract Number: H1035

Organization Marketing Name: Florida Health Care Plans
Parent Organization: Guidewell Mutual Holding Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 11/01/1985
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 13,120

Contact Title: Manager of Government Contracts
Name: Christine Laks
Phone: 1-800-352-9824
Extension: 4050
Fax: 1-386-615-4045
Email: claks@fhcp.com
Address: 1340 Ridgewood Avenue

Legal Entity Address: 1340 Ridgewood Avenue

City: Holly Hill
State: FL
Zip: 32117

City: Holly Hill
State: FL
Zip: 32117
Last Updated: 07/22/2011

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

Organization Marketing Name: Florida Pace Centers, Inc.
Parent Organization: Florida PACE Centers, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 01/01/2003
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 380

Contact Title: Senior Manager, Marketing
Name: Noemi Sanchez
Phone: 1-305-762-1388
Extension: **Fax:**
Email: nsanchez@mjhha.org **Address:** 5200
NE 2nd Avenue

Legal Entity Address: 5200 NE 2ND AVENUE

City: MIAMI
State: FL
Zip: 33137

City: Miami
State: FL
Zip: 33137
Last Updated: 05/13/2013

Legal Entity Name: FRANCISCAN ALLIANCE, INC. Contract Number: H5124 Organization Marketing Name: Franciscan Senior Health & Wellness Parent Organization: Franciscan Alliance, Inc.	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 01/01/2015 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 24 Legal Entity Address: 700 E. Southport Road 8325 Southport Road Ste. 120 City: Indianapolis State: IN Zip: 46227	Contact Title: Director of PACE Name: Susan Waschevski Phone: 1-317-782-8012 Extension: Fax: Email: Susan.Waschevski@franciscanalliance.org Address: 700 East Southport Rd City: Indianapolis State: IN Zip: 46227 Last Updated: 01/06/2014
Legal Entity Name: FRANCISCAN PACE, INC. Contract Number: H6231 Organization Marketing Name: PACE Baton Rouge Parent Organization: Franciscan Missionaries of Our Lady Health System	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 07/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 172 Legal Entity Address: 7436 Bishop Ott Drive City: Baton Rouge State: LA Zip: 70806	Contact Title: Executive Director Name: Karen Allen Phone: 1-225-490-0322 Extension: Fax: 1-225-490-0354 Email: karen.allen@frolhs.org Address: 7436 Bishop Ott Drive City: Baton Rouge State: LA Zip: 70806 Last Updated: 03/13/2009
Legal Entity Name: FREEDOM HEALTH, INC. Contract Number: H5427 Organization Marketing Name: Freedom Health, Inc. Parent Organization: America's 1st Choice Holdings of Florida, LLC	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 63,580 Legal Entity Address: 5403 N Church Avenue City: Tampa State: FL Zip: 33614	Contact Title: Sr. VP Operations Name: Chris O'Connor Phone: 1-800-401-2740 Extension: Fax: Email: cms@americas1stchoice.com Address: 3707 W. Cherry Street City: Tampa State: FL Zip: 33607 Last Updated: 02/19/2015
Legal Entity Name: GATEWAY HEALTH PLAN OF OHIO, INC. Contract Number: H9190 Organization Marketing Name: Gateway Health Medicare Assured Parent Organization: Gateway Health Plan, LP	

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 6,678

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

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

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

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2006
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 50,175

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

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

Legal Entity Name: GEISINGER COMMUNITY HEALTH SERVICES
Contract Number: H2064
Organization Marketing Name: LIFE Geisinger
Parent Organization: Geisinger Health System

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 06/01/2008
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 196

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

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

Legal Entity Name: GEISINGER HEALTH PLAN **Contract Number:** H3954
Organization Marketing Name: Geisinger Gold
Parent Organization: Geisinger Health System

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 03/01/1994
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 68,585

Legal Entity Address: 100 NORTH ACADEMY AVENUE
City: DANVILLE

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

State: PA Zip: 178223220	Zip: 17822-3229 Last Updated: 03/10/2015
Legal Entity Name: GEISINGER INDEMNITY INSURANCE COMPANY Contract Number: H3924	
Organization Marketing Name: Geisinger Gold Parent Organization: Geisinger Health System	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 7,192 Legal Entity Address: 100 NORTH ACADEMY AVE. City: DANVILLE State: PA Zip: 178223220	Contact Title: Geisinger Health Plan Name: Customer Service Phone: 1-570-498-9731 Extension: Fax: 1-570-271-5871 Email: ghp_customer+service@thehealthplan.com Address: 100 North Academy Avenue City: Danville State: PA Zip: 17822-3229 Last Updated: 03/10/2015

Legal Entity Name: GEISINGER QUALITY OPTIONS, INC. Contract Number: H9412	
Organization Marketing Name: Geisinger Gold Parent Organization: Geisinger Health System	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2013 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 780 Legal Entity Address: 100 North Academy Ave City: Danville State: PA Zip: 17822	Contact Title: Geisinger Health Plan Name: Customer Service Phone: 1-570-498-9731 Extension: Fax: 1-570-271-5871 Email: ghp_customer+service@thehealthplan.com Address: 100 North Academy Avenue City: Danville State: PA Zip: 17822-3229 Last Updated: 03/10/2015

Legal Entity Name: GEMCARE HEALTH PLAN INC. Contract Number: H5609	
Organization Marketing Name: Blue Shield of California Parent Organization: California Physicians' Service	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 8,131 Legal Entity Address: 4550 California Avenue Suite 100 City: Bakersfield State: CA Zip: 933091669	Contact Title: Marketing Manager Name: Ana Igoa Phone: 1-877-697-2464 Extension: Fax: Email: Info@gemcarehealthplan.com Address: 4550 California Avenue Suite 100 City: Bakersfield State: CA Zip: 93309 Last Updated: 10/10/2008

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

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2004
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 5,678

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

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

Legal Entity Name: GENESYS HEALTH SYSTEM
Contract Number: H8769

Organization Marketing Name: Genesys PACE of
Genesee County **Parent Organization:** Genesys
Health System

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 08/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: *

Legal Entity Address: One Genesys Parkway

City: Grand Blanc
State: MI
Zip: 48439

Contact Title: Quality Assurance coordinator
Name: Kathryn Liley
Phone: 1-810-236-7500
Extension:
Fax: 1-810-606-6266
Email: kliley@genesys.org
Address: 412 E First Street

City: flint
State: MI
Zip: 48507
Last Updated: 06/23/2015

Legal Entity Name: GHS HEALTH MAINTENANCE
ORGANIZATION, INC. **Contract Number:** H3979

Organization Marketing Name: Blue Cross Blue Shield of OK
Parent Organization: Health Care Service Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 3,552

Legal Entity Address: 1400 S Boston Ave

City: Tulsa
State: OK
Zip: 74119

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

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

Legal Entity Name: GHS INSURANCE COMPANY **Contract**
Number: H8133

Organization Marketing Name: Blue Cross and Blue Shield of Texas
Parent Organization: Health Care Service Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 711

Legal Entity Address: 3817 Northwest Expressway
Suite 300

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

City: Oklahoma City
State: OK
Zip: 73112

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

Legal Entity Name: GHS MANAGED HEALTH CARE PLANS, INC. **Contract Number:** H6801

Organization Marketing Name: Blue Cross Blue Shield of Oklahoma

Parent Organization: Health Care Service Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2012
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 4,391

Contact Title:
Name: Customer Service
Phone: 1-866-796-5709
Extension:
Fax:
Email: MedicareContractsOffice@bcbstx.com
Address: P.O. Box 4109

Legal Entity Address: 1400 S. Boston

City: Tulsa
State: OK
Zip: 74119

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

Legal Entity Name: GLOBALHEALTH, INC.
Contract Number: H0435

Organization Marketing Name: GLOBALHEALTH MEDICARE

Parent Organization: Kinderhook Capital Fund III, L.P.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 1,184

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

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

Legal Entity Name: GOLDEN STATE MEDICARE HEALTH PLAN **Contract Number:** H2241

Organization Marketing Name: Golden State Medicare Health Plan **Parent Organization:** Golden State Medicare Health Plan

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2010
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 3,443

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

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

Legal Entity Name: GROUP HEALTH COOPERATIVE
Contract Number: H5050

Organization Marketing Name: Group Health Cooperative

Parent Organization: Group Health Cooperative

Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Contact Title: Health Plan Operations
Name: Provider Assistance Unit

Contract Effective Date: 01/01/1989
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Seattle
Enrollment: 84,027

Legal Entity Address: 320 Westlake Avenue North,
Suite 100

Attn: Medicare Programs &
Compliance

City: SEATTLE
State: WA
Zip: 981095233

Phone: 1-888-767-4670

Extension:

Fax: 1-509-249-7615

Email: mccauley.t@ghc.org

Address: Group Health Cooperative, Provider Assistance
Unit

PO Box 34585

City: Seattle

State: WA

Zip: 98124-1585

Last Updated: 06/02/2008

Legal Entity Name: GROUP HEALTH
INCORPORATED **Contract Number:** H5528

Organization Marketing Name: EmblemHealth Medicare PPO

Parent Organization: EmblemHealth, Inc.

Organization Type: Local CCP

Plan Type: Local PPO

Contract Effective Date: 01/01/2006

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: New York

Enrollment: 7,476

Legal Entity Address: 80 Wolf Road
6th Floor

City: Albany

State: NY

Zip: 12205

Contact Title: Director, Customer Service

Name: Heather Lacy

Phone: 1-800-447-8386

Extension:

Fax:

Email: HLacy@emblemhealth.com

Address: 3251 Hollywood Blvd

City: Hollywood

State: FL

Zip: 33021

Last Updated: 01/09/2015

Legal Entity Name: GROUP HEALTH PLAN, INC. (MN)

Contract Number: H2462

Organization Marketing Name: HealthPartners

Parent Organization: HealthPartners, Inc.

Organization Type: 1876 Cost

Plan Type: 1876 Cost

Contract Effective Date: 01/01/1999

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Chicago

Enrollment: 49,330

Legal Entity Address: 8170 33rd Avenue South
PO Box 1309

City: MINNEAPOLIS

State: MN

Zip: 55425

Contact Title:

Name: Provider Services

Phone: 1-952-883-7699

Extension: **Fax:**

Email: RVSCProviderInquiry@HealthPartners.com

Address: 8170 33rd Avenue South, PO Box 1309

City: Minneapolis **State:**

MN

Zip: 55440-1309

Last Updated: 06/10/2013

Legal Entity Name: GUILDNET, INC.

Contract Number: H0811

Organization Marketing Name: GuildNet Gold Plus FIDA

Parent Organization: Lighthouse Guild International

Organization Type: Demo

Plan Type: Medicare-Medicaid Plan HMO/HMOPOS

Contract Effective Date: 01/01/2015

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: New York

Enrollment: 1,043

Legal Entity Address: 15 W 65th Street

City: New York

Contact Title: Assistant VP, Medicare Services

Name: Sandra Birnbaum

Phone: 1-800-815-0000

Extension:

Fax: 1-212-769-1621

Email: birnbaums@lighthouseguild.org

Address: 15 West 65th Street

City: New York

State: NY

<p>State: NY Zip: 10023</p>	<p>Zip: 10023 Last Updated: 04/09/2015</p>
<p>Legal Entity Name: GUILDNET, INC. Contract Number: H6864 Organization Marketing Name: GuildNet Parent Organization: Lighthouse Guild International</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: New York Enrollment: 654</p> <p>Legal Entity Address: 15 WEST 65TH STREET</p> <p>City: NEW YORK State: NY Zip: 10023</p>	<p>Contact Title: Assistant VP, Medicare Services Name: Sandra Birnbaum Phone: 1-866-557-7300 Extension: Fax: 1-212-769-1621 Email: birnbaums@lighthouseguild.org Address: 15 West 65th Street</p> <p>City: New York State: NY Zip: 10023 Last Updated: 02/02/2015</p>
<p>Legal Entity Name: GUNDERSEN HEALTH PLAN Contract Number: H5262 Organization Marketing Name: Gundersen Health Plan, Inc. Parent Organization: Gundersen Lutheran Health System Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1999 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 14,297</p> <p>Legal Entity Address: 1900 South Avenue Mailstop NCA2-01 City: La Crosse State: WI Zip: 54601</p>	<p>Contact Title: Name: Customer Service Phone: 1-800-394-5566 Extension: 58077 Fax: 1-608-775-8091 Email: hpcustomerservice@gundersenhealth.org Address: 1900 South Avenue Mailstop: NCA2-01 City: La Crosse State: WI Zip: 54601 Last Updated: 04/19/2013</p>
<p>Legal Entity Name: GUNDERSEN HEALTH PLAN OF MINNESOTA Contract Number: H9834 Organization Marketing Name: Gundersen Health Plan Minnesota Parent Organization: Gundersen Lutheran Health System Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2013 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 664</p> <p>Legal Entity Address: 1900 South Avenue</p> <p>City: LaCrosse State: WI Zip: 54601</p>	<p>Contact Title: Name: Customer Service Phone: 1-800-394-5566 Extension: 58077 Fax: 1-608-775-8091 Email: hpcustomerservice@gundersenhealth.org Address: 1900 South Avenue Mailstop: NCA2-01 City: La Crosse State: WI Zip: 54601 Last Updated: 04/19/2013</p>
<p>Legal Entity Name: HAP MIDWEST HEALTH PLAN, INC. Contract Number: H5685 Organization Marketing Name: HAP Midwest Advantage Parent Organization: Henry Ford Health System</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit</p>	<p>Contact Title: Vice President - Medicare Name: Brian Peltz Phone: 1-313-827-5565 Extension:</p>

<p>CMS Region Responsible: Chicago Enrollment: 842</p> <p>Legal Entity Address: 4700 Schaefer Road Suite 340 City: Dearborn State: MI Zip: 48126</p>	<p>Fax: 1-313-429-5165 Email: BPELTZ@MIDWESTHEALTHPLAN.COM Address: 4700 SCHAEFER ROAD Ste 340 City: DEARBORN State: MI Zip: 48126 Last Updated: 07/01/2015</p>
<p>Legal Entity Name: HAP MIDWEST HEALTH PLAN, INC. Contract Number: H9712</p>	
<p>Organization Marketing Name: HAP Midwest MI Health Link Parent Organization: Henry Ford Health System</p>	
<p>Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 05/01/2015 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 7,491</p> <p>Legal Entity Address: 4700 Schaefer Road Ste. 340 City: Dearborn State: MI Zip: 48126</p>	<p>Contact Title: Vice President - Medicare Name: Brian Peltz Phone: 1-313-827-5565 Extension: Fax: 1-313-429-5165 Email: BPELTZ@MIDWESTHEALTHPLAN.COM Address: 4700 SCHAEFER ROAD Ste 340 City: DEARBORN State: MI Zip: 48126 Last Updated: 07/09/2015</p>
<p>Legal Entity Name: HARBOR HEALTH PLAN, INC. Contract Number: H7960</p>	
<p>Organization Marketing Name: Harbor Medicare Plans Parent Organization: Tenet Healthcare Corporation</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 110</p> <p>Legal Entity Address: 3663 Woodward Avenue Suite 120 City: Detroit State: MI Zip: 48201</p>	<p>Contact Title: Name: Member Services Phone: 1-800-543-0161 Extension: Fax: Email: info@harborhealthplan.com Address: 3663 Woodward Avenue Suite 120 City: Detroit State: MI Zip: 48201 Last Updated: 02/05/2015</p>
<p>Legal Entity Name: HARBOR HEALTH SERVICES, INC. Contract Number: H2218</p>	
<p>Organization Marketing Name: Elder Service Plan of Harbor Health Services, Inc Parent Organization: Harbor Health Services, Inc.</p>	
<p>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: 441</p> <p>Legal Entity Address: 1135 Morton Street City: Mattapan State: MA Zip: 02126</p>	<p>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</p>

Legal Entity Name: HARMONY HEALTH PLAN OF ILLINOIS, INC. Contract Number: H1416 Organization Marketing Name: WellCare Parent Organization: WellCare Health Plans, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 15,415 Legal Entity Address: 125 SOUTH WACKER DRIVE SUITE 2600 City: CHICAGO State: IL Zip: 606064402	Contact Title: Name: Website Inquiries Phone: 1-888-888-9355 Extension: Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road, Ren 1, 3rd Floor City: Tampa State: FL Zip: 33634 Last Updated: 09/19/2014
Legal Entity Name: HARVARD PILGRIM HEALTH CARE INC. Contract Number: H1660 Organization Marketing Name: Harvard Pilgrim Health Care, Inc. Parent Organization: Harvard Pilgrim Health Care, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 630 Legal Entity Address: 93 Worcester St City: Wellesley State: MA Zip: 02481	Contact Title: Market Manager, Senior Programs Name: Jonathan Holway Phone: 1-617-509-3417 Extension: Fax: Email: jonathan_holway@harvardpilgrim.org Address: 93 Worcester Street City: Wellesley State: MA Zip: 02481 Last Updated: 07/21/2014
Legal Entity Name: HARVARD PILGRIM HEALTH CARE OF NEW ENGLAND, INC. Contract Number: H6750 Organization Marketing Name: Harvard Pilgrim Health Care of New England, Inc. Parent Organization: Harvard Pilgrim Health Care, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Extension: CMS Region Responsible: Boston Enrollment: 1,469 Legal Entity Address: 93 Worcester St City: Wellesley State: MA Zip: 02481	Contact Title: Market Manager, Senior Programs Name: Jonathan Holway Phone: 1-617-509-3417 Tax Status: Not-for-Profit/Non-Profit Extension: Fax: Email: jonathan_holway@harvardpilgrim.org Address: 93 Worcester Street City: Wellesley State: MA Zip: 02481 Last Updated: 07/21/2014
Legal Entity Name: HAWAII MEDICAL SERVICE ASSOCIATION Contract Number: H3832 Organization Marketing Name: Akamai Advantage by HMSA Parent Organization: Hawaii Medical Service Association	

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2011
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 37,045

Legal Entity Address: 818 Keeaumoku Street

City: Honolulu

State: HI

Zip: 968142365

Contact Title: Manager

Name: Kevin Unger

Phone: 1-800-790-4672
Extension: **Fax:**

Email: kevin_unger@hmsa.com

Address: 5 - CR
5 - CR

City: Honolulu

State: HI

Zip: 96808

Last Updated: 12/08/2014

Legal Entity Name: HCSC INSURANCE SERVICES
COMPANY **Contract Number:** H1666

Organization Marketing Name: Blue Cross Blue Shield of
Texas

Parent Organization: Health Care Service Corporation

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 8,434

Legal Entity Address: 300 E Randolph St

City: Chicago

State: IL

Zip: 60601

Contact Title:

Name: Customer Service

Phone: 1-877-774-8592

Extension:

Fax:

Email: MedicareContractsOffice@bcbstx.com

Address: P.O. Box 4109

City: Scranton

State: PA

Zip: 18505

Last Updated: 02/12/2015

Legal Entity Name: HEALTH ALLIANCE - MIDWEST,
INC. **Contract Number:** H1737

Organization Marketing Name: Health Alliance Medicare

Parent Organization: The Carle Foundation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 895

Legal Entity Address: 301 South Vine Street

City: Urbana

State: IL

Zip: 61801

Contact Title: Director Medicare Services

Name: Jennifer Marquardt

Phone: 1-877-917-8550

Extension:

Fax: 1-217-337-3425

Email: Jennifer.Marquardt@healthalliance.org

Address: 301 S. Vine St.

City: Urbana

State: IL

Zip: 61801

Last Updated: 02/24/2015

Legal Entity Name: HEALTH ALLIANCE - MIDWEST,
INC. **Contract Number:** H2591

Organization Marketing Name: Health Alliance Medicare

Parent Organization: The Carle Foundation

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 95

Contact Title: Director edicare Services

Name: Jennifer Marquardt

Phone: 1-217-337-8439

Extension:

Fax: 1-217-337-3425

Email: Jennifer.Marquardt@healthalliance.org

Address: 301 S. Vine St.

Legal Entity Address: 301 South Vine Street

City: Urbana
State: IL
Zip: 61801

City: Urbana
State: IL
Zip: 61801

Last Updated: 02/02/2015

Legal Entity Name: HEALTH ALLIANCE CONNECT

Contract Number: H0773

Organization Marketing Name: Health Alliance Connect

Parent Organization: The Carle Foundation

Organization Type: Demo

Plan Type: Medicare-Medicaid Plan
HMO/HMOPOS

Contract Effective Date: 02/01/2014

Tax Status: For Profit

CMS Region Responsible: Chicago

Enrollment: 6,043

Contact Title: Director Medicare Services

Name: Jennifer Marquardt

Phone: 1-866-951-0264

Extension:

Fax: 1-217-337-3425

Email: Jennifer.Marquardt@healthalliance.org

Address: 301 S. Vine St.

Legal Entity Address: 301 S. Vine Street

City: Urbana
State: IL
Zip: 618013347

City: Urbana
State: IL
Zip: 61801

Last Updated: 02/24/2015

Legal Entity Name: HEALTH ALLIANCE
CONNECT, INC. **Contract Number:** H1417

Organization Marketing Name: Health Alliance Medicare

Parent Organization: The Carle Foundation

Organization Type: Local CCP

Plan Type: Local PPO

Contract Effective Date: 05/01/2005

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Chicago

Enrollment: 8,733

Contact Title: Director Medicare Services

Name: Jennifer Marquardt

Phone: 1-800-965-4022

Extension:

Fax: 1-217-337-3425

Email: Jennifer.Marquardt@healthalliance.org

Address: 301 S. Vine St.

Legal Entity Address: 301 S Vine St
PO Box 6003

City: URBANA
State: IL
Zip: 61801

City: Urbana
State: IL
Zip: 61801

Last Updated: 04/21/2015

Legal Entity Name: HEALTH ALLIANCE
CONNECT, INC. **Contract Number:** H1463

Organization Marketing Name: Health Alliance Medicare

Parent Organization: The Carle Foundation

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 10/01/1997

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Chicago

Enrollment: 7,644

Contact Title: Director Medicare Services

Name: Jennifer Marquardt

Phone: 1-800-965-4022

Extension:

Fax: 1-217-337-3425

Email: Jennifer.Marquardt@healthalliance.org

Address: 301 S. Vine St.

Legal Entity Address: 301 S Vine St
PO Box 6003

City: URBANA
State: IL
Zip: 618013477

City: Urbana
State: IL
Zip: 61801

Last Updated: 02/24/2015

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 188 Legal Entity Address: 301 South Vine Street City: Urbana State: IL Zip: 61801	Contact Title: Director edicare Services Name: Jennifer Marquardt Phone: 1-217-337-8439 Extension: Fax: 1-217-337-3425 Email: Jennifer.Marquardt@healthalliance.org Address: 301 S. Vine St. City: Urbana State: IL Zip: 61801 Last Updated: 02/02/2015
---	--

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 CMS Region Responsible: Chicago Enrollment: 3,977 Address: 820 N Chelan Ave PO Box 810 City: Wenatchee State: WA Zip: 98801	Contact Title: Director Medicare Services Name: Jennifer Marquardt Phone: 1-877-750-3350 Tax Status: For Profit Extension: Fax: 1-217-337-3425 Email: Jennifer.Marquardt@healthalliance.org Address: 301 S. Vine St. Legal Entity City: Urbana State: IL Zip: 61801 Last Updated: 02/24/2015
--	--

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 43,345 Legal Entity Address: 2850 W. GRAND BLVD. City: DETROIT State: MI Zip: 48202	Contact Title: VP - Client Services Name: Richard Chaney Phone: 1-866-766-4661 Extension: Fax: Email: rchaney@hap.org Address: 2850 W. Grand Blvd. City: Detroit State: MI Zip: 48202 Last Updated: 07/22/2014
---	---

Legal Entity Name: HEALTH CARE SERVICE CORPORATION **Contract Number:** H0107
Organization Marketing Name: Blue Cross and Blue Shield of Montana **Parent Organization:** Health Care Service Corporation

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2014 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas	Contact Title: Name: Customer Service Phone: 1-877-774-8592 Extension: Fax:
---	--

Enrollment: 9,067

Email: MedicareContractsOffice@bcbstx.com

Address: P.O. Box 4109

Legal Entity Address: 300 East Randolph

City: Chicago

State: IL

Zip: 60601

City: Scranton

State: PA

Zip: 18505

Last Updated: 02/12/2015

Legal Entity Name: HEALTH CARE SERVICE CORPORATION **Contract Number:** H0927

Organization Marketing Name: Blue Cross Community MMAI

Parent Organization: Health Care Service Corporation

Organization Type: Demo

Plan Type: Medicare-Medicaid Plan
HMO/HMOPOS

Contract Effective Date: 02/01/2014

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Chicago

Enrollment: 12,706

Contact Title:

Name: Customer Service

Phone: 1-877-723-7702

Extension:

Fax:

Email: MedicareContractsOffice@bcbstx.com

Address: P.O. Box 3836

Legal Entity Address: 300 E. Randolph

City: Chicago

State: IL

Zip: 60601

City: Scranton

State: PA

Zip: 18505

Last Updated: 06/25/2015

Legal Entity Name: HEALTH CARE SERVICE CORPORATION **Contract Number:** H3251

Organization Marketing Name: Lovelace Medicare Plan

Parent Organization: Health Care Service Corporation

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 11/01/1993

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Dallas

Enrollment: 18,391

Contact Title:

Name: Customer Service

Phone: 1-877-895-

6448 **Extension:** **Fax:**

Email: MedicareContractsOffice@bcbstx.com

Address: P.O. Box 4109

Legal Entity Address: 300 East Randolph

City: Chicago

State: IL

Zip: 60601

City: Scranton

State: PA

Zip: 18505

Last Updated: 02/12/2015

Legal Entity Name: HEALTH CARE SERVICE CORPORATION **Contract Number:** H3822

Organization Marketing Name: Blue Cross Blue Shield of IL,
MT, NM **Parent Organization:** Health Care Service Corporation

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/2013

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Dallas

Enrollment: 24,159

Contact Title:

Name: Customer Service

Phone: 1-877-774-8592

Extension:

Fax:

Email: MedicareContractsOffice@bcbstx.com

Address: P.O. Box 4109

Legal Entity Address: 300 E Randolph St

City: Chicago

State: IL

Zip: 60601

City: Scranton

State: PA

Zip: 18505

Last Updated: 02/12/2015

Legal Entity Name: HEALTH CARE SERVICE CORPORATION **Contract Number:** H8634
Organization Marketing Name: Blue Cross and Blue Shield of IL, NM, OK **Parent Organization:** Health Care Service Corporation

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2014 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Dallas Enrollment: 19,379 Legal Entity Address: 300 E. Randolph St City: Chicago State: IL Zip: 60601	Contact Title: Name: Customer Service Phone: 1-877-774-8592 Extension: Fax: Email: MedicareContractsOffice@bcbstx.com Address: P.O. Box 4109 City: Scranton State: PA Zip: 18505 Last Updated: 02/12/2015
--	--

Legal Entity Name: HEALTH CHOICE ARIZONA, INC. **Contract Number:** H5587
Organization Marketing Name: Health Choice Generations HMO SNP **Parent Organization:** IASIS Healthcare

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 9,847 Legal Entity Address: 410 N 44th Street Suite 510 City: Phoenix State: AZ Zip: 85008	Contact Title: Compliance Officer Name: Jessica Meade Phone: 1-800-656-8991 Extension: 4528 Fax: 1-480-784-2933 Email: jmeade@iasishealthcare.com Address: 410 N 44th Street, Suite 510 City: Phoenix State: AZ Zip: 85008 Last Updated: 05/17/2013
--	--

Legal Entity Name: HEALTH FIRST HEALTH PLANS
Contract Number: H1099
Organization Marketing Name: Health First Health Plans, Inc.
Parent Organization: Health First, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1997 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 29,794 Legal Entity Address: 6450 US HIGHWAY 1 City: ROCKLEDGE State: FL Zip: 32955747	Contact Title: Name: Customer Service Phone: 1-321-434-5665 Extension: Fax: Email: hfhpinfo@Health-First.org Address: 6450 US Highway 1 City: Rockledge State: FL Zip: 32955 Last Updated: 09/11/2006
---	---

Legal Entity Name: HEALTH INSURANCE PLAN OF GREATER NEW YORK **Contract Number:** H3314
Organization Marketing Name: HIP Health Plan of Greater New York **Parent Organization:** EmblemHealth, Inc.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1987 CMS Region Responsible: New York Enrollment: 261 Legal Entity Address: 7 WEST 34TH STREET City: NEW YORK State: NY Zip: 10001	Contact Title: Director, Customer Service Name: Heather Lacy Phone: 1-800-447-8386 Tax Status: Not-for-Profit/Non-Profit Fax: Email: HLacy@emblemhealth.com Address: 3251 Hollywood Blvd City: Hollywood State: FL Zip: 33021 Last Updated: 01/09/2015	Extension:
Legal Entity Name: HEALTH INSURANCE PLAN OF GREATER NEW YORK Contract Number: H3330 Organization Marketing Name: EmblemHealth Medicare HMO Parent Organization: EmblemHealth, Inc.		
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1987 CMS Region Responsible: New York Enrollment: 114,563 Legal Entity Address: 55 Water Street City: NEW YORK State: NY Zip: 10041	Contact Title: Director, Customer Service Name: Heather Lacy Phone: 1-800-447-8386 Tax Status: Not-for-Profit/Non-Profit Fax: Email: HLacy@emblemhealth.com Address: 3251 Hollywood Blvd City: Hollywood State: FL Zip: 33021 Last Updated: 01/09/2015	Extension:
Legal Entity Name: HEALTH NET COMMUNITY SOLUTIONS, INC. Contract Number: H3237 Organization Marketing Name: Health Net Cal MediConnect Medicare Medicaid Plan Parent Organization: Health Net, Inc.		
Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 04/01/2014 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 24,559 Legal Entity Address: 11971 Foundation Place City: Rancho Cordova State: CA Zip: 95670	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-800-275-4737 Extension: Fax: Email: member_services@healthnet.com Address: P.O. Box 10198 City: Van Nuys State: CA Zip: 91410-0198 Last Updated: 04/20/2012	
Legal Entity Name: HEALTH NET HEALTH PLAN OF OREGON Contract Number: H6815 Organization Marketing Name: Health Net Health Plan of Oregon, Inc. Parent Organization: Health Net, Inc.		
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 24,674 Legal Entity Address: 13221 SW 68th Parkway, Ste 200 City: Tigard State: OR Zip: 97223	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-888-445-8913 Extension: Fax: Email: notavailable@healthnet.com Address: 13221 SW 68th Parkway City: Tigard State: OR Zip: 97223-8328 Last Updated: 02/03/2010	

Legal Entity Name: HEALTH NET LIFE INSURANCE COMPANY **Contract Number:** H5439
Organization Marketing Name: Health Net Life Insurance Company **Parent Organization:** Health Net, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 1,243 Legal Entity Address: 21281 BURBANK BLVD. Building B City: WOODLAND HILLS State: CA Zip: 91367	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-800-275-4737 Extension: Fax: Email: member_services@healthnet.com Address: P.O. Box 10198 City: Van Nuys State: CA Zip: 91410-0198 Last Updated: 08/21/2006
---	--

Legal Entity Name: HEALTH NET LIFE INSURANCE COMPANY **Contract Number:** H5520
Organization Marketing Name: Health Net Life Insurance Company **Parent Organization:** Health Net, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 39,081 Legal Entity Address: 13221 SW 68th Parkway, Ste. 200 City: Tigard State: OR Zip: 97223	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-888-445-8913 Extension: Fax: Email: notavailable@healthnet.com Address: 13221 SW 68th Parkway City: Tigard State: OR Zip: 97223-8328 Last Updated: 08/21/2006
--	--

Legal Entity Name: HEALTH NET OF ARIZONA, INC. **Contract Number:** H0351
Organization Marketing Name: Health Net of Arizona, Inc. **Parent Organization:** Health Net, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/1992 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 38,528 Legal Entity Address: 1230 W. Washington St. Suite 401 City: Tempe State: AZ Zip: 852812145	Contact Title: Provider and Provider Directory Information Name: Member Services Phone: 1-800-977-7522 Extension: Fax: Email: hnaz.salesmedicare@health.net Address: 1230 W. Washington St., Ste. 401 City: Tempe State: AZ Zip: 85281-2145 Last Updated: 08/23/2006
--	--

Legal Entity Name: HEALTH NET OF CALIFORNIA, INC. **Contract Number:** H0562
Organization Marketing Name: Health Net of California **Parent Organization:** Health Net, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/01/1992
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 167,346

Legal Entity Address: 21281 BURBANK BLVD.
BUILDING B
City: WOODLAND HILLS
State: CA **Zip:**
91367

Contact Title: Provider and Provider Directory Information
Name: Member Services
Phone: 1-800-275-4737
Extension: **Fax:**
Email: member_services@healthnet.com
Address: P.O. Box 10198

City: Van Nuys
State: CA
Zip: 91410-0198
Last Updated: 08/21/2006

Legal Entity Name: HEALTH NEW ENGLAND, INC.

Contract Number: H8578

Organization Marketing Name: HNE Medicare Advantage Plans

Parent Organization: Baystate Health, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2009
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 8,683

Legal Entity Address: One Monarch Place
Suite 1500
City: Springfield
State: MA
Zip: 01144

Contact Title: Director of Government Programs
Name: Susan O'Connor
Phone: 1-413-233-3352
Extension:
Fax: 1-413-233-3352
Email: soconnor@hne.com **Address:**
Health New England, Inc.

One Monarch Place, Suite 1500
City: Springfield
State: MA
Zip: 01144

Last Updated: 05/19/2015

Legal Entity Name: HEALTH OPTIONS, INC.

Contract Number: H1026

Organization Marketing Name: Florida Blue HMO

Parent Organization: Guidewell Mutual Holding Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 08/01/1986
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 62,740

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

Contact Title: Senior Director Gvn Programs & Product Compliance

Name: Brendan Hodges
Phone: 1-800-810-2583

Extension:

Fax:

Email: brendan.hodges@floridablue.com
Address: 4800 Deerwood Campus Parkway

DCC Building 100, 7th Floor

City: Jacksonville

State: FL

Zip: 32246

Last Updated: 12/12/2014

Legal Entity Name: HEALTH PARTNERS PLANS, INC. **Contract Number:** H9207

Organization Marketing Name: Health Partners Medicare

Parent Organization: Health Partners Plans, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 13,471

Contact Title:
Name: HPP Medicare
Phone: 1-866-901-8000

Extension:

Fax:

Email: contact@hplplans.com

Address: 901 Market Street

Legal Entity Address: 901 Market St
Suite 500
City: Philadelphia
State: PA
Zip: 19107

Suite 500
City: Philadelphia
State: PA
Zip: 19107
Last Updated: 04/14/2015

Legal Entity Name: HEALTH PLAN OF
CAREOREGON, INC. **Contract Number:** H5859

Organization Marketing Name: CareOregon Advantage

Parent Organization: CareOregon, Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/2006

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Seattle

Enrollment: 11,709

Legal Entity Address: 315 SW Fifth Ave. Suite 900

City: Portland
State: OR
Zip: 97204

Contact Title: Member Services Supervisor

Name: David Lima

Phone: 1-800-224-4840

Extension:

Fax: 1-503-416-3720

Email: limad@careoregon.org

Address: CareOregon Advantage
315 SW Fifth Avenue, Suite
900 **City:** Portland

State: OR
Zip: 97204

Last Updated: 05/01/2007

Legal Entity Name: HEALTH PLAN OF NEVADA, INC.
Contract Number: H2931

Organization Marketing Name: Health Plan of Nevada, Inc.

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 06/01/1985

Tax Status: For Profit

CMS Region Responsible: San Francisco

Enrollment: 50,728

Legal Entity Address: 2720 NORTH TENAYA WAY
P.O. BOX 15645

City: LAS VEGAS
State: NV
Zip: 891145645

Contact Title: Director, Government Programs/Member Services

Name: David Stuczynski

Phone: 1-702-838-2066

Extension:

Fax: 1-702-869-2484

Email: David.Stuczynski@uhc.com

Address: 2720 N. Tenaya Way

City: Las Vegas
State: NV
Zip: 89128

Last Updated: 06/09/2009

Legal Entity Name: HEALTH PLAN OF THE UPPER
OHIO VALLEY **Contract Number:** H3672

Organization Marketing Name: The Health Plan

Parent Organization: Health Plan of the Upper Ohio
Valley

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 03/01/1997

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Philadelphia

Enrollment: 5,235

Legal Entity Address: 52160 National Road East

City: St. Clairsville
State: OH
Zip: 43950

Contact Title: Director Member Services

Name: Sherry Stanley

Phone: 1-740-695-7682

Extension:

Fax: 1-740-695-8103

Email: sstanley@healthplan.org

Address: The Health Plan

52160 National Road East
City: St. Clairsville

State: OH
Zip: 43950

Last Updated: 08/23/2006

Legal Entity Name: HEALTHAMERICA
PENNSYLVANIA, INC. **Contract Number:** H3959

Organization Marketing Name: HealthAmerica

Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/1996
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 70,556

Legal Entity Address: 11 Stanwix Street

City: Pittsburgh
State: PA
Zip: 15222

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-290-0190
Extension:
Fax:
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156

Last Updated: 11/26/2014

Legal Entity Name: HEALTHASSURANCE
PENNSYLVANIA, INC. **Contract Number:** H5522

Organization Marketing Name: HealthAmerica
Parent Organization: Aetna Inc.

Organization Type: Local
CCP **Plan Type:** Local PPO
Contract Effective Date:
01/01/2006
Tax Status: For Profit
CMS Region Responsible: Denver
Enrollment: 73,169

Legal Entity Address: 11 Stanwix Street

City: Pittsburgh
State: PA
Zip: 15222

Contact Title:
Name: Aetna Customer Service
Phone: 1-800-290-
0190 **Extension:** **Fax:**
Email: CustomerService@aetna.com
Address: 151 Farmington Avenue

City: Hartford
State: CT
Zip: 06156

Last Updated: 11/26/2014

Legal Entity Name: HEALTHKEEPERS, INC.
Contract Number: H0147

Organization Marketing Name: Anthem
HealthKeepers **Parent Organization:**
Anthem Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 04/01/2014
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 11,825

Legal Entity Address: 2015 Staples Mill Road

City: Richmond
State: VA
Zip: 23230

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

City: Fon du Lac
State: WI
Zip: 54935

Last Updated: 04/05/2013

Legal Entity Name: HEALTHKEEPERS, INC.
Contract Number: H3447

Organization Marketing Name: Anthem
HealthKeepers **Parent Organization:**
Anthem Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 2,688

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

Legal Entity Address: 2015 Staples Mill Road

City: Richmond
State: VA
Zip: 23230

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

Legal Entity Name: HEALTHNOW NEW YORK INC.
Contract Number: H3384

Organization Marketing Name: BCBS of WNY/BS of NENY/HealthNow
New York Inc.

Parent Organization: HealthNow New York Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 02/01/1998
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 23,463

Contact Title:
Name: Customer Service
Phone: 1-877-327-1395
Extension:
Fax:
Email: seniorblue@bcbswny.com
Address: PO Box 13599

Legal Entity Address: 257 West Genesee Street

City: BUFFALO
State: NY
Zip: 14202

City: Albany
State: NY
Zip: 12212
Last Updated: 06/06/2011

Legal Entity Name: HEALTHNOW NEW YORK INC.
Contract Number: H5526

Organization Marketing Name: BCBS of WNY/BS of NENY/HealthNow
New York Inc.

Parent Organization: HealthNow New York Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2006
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 19,206

Contact Title:
Name: Customer Service
Phone: 1-877-327-
1395 **Extension:** **Fax:**
Email: seniorblue@bcbswny.com
Address: PO Box 13599

Legal Entity Address: 257 West Genesee Street

City: Buffalo
State: NY
Zip: 14202

City: Albany
State: NY
Zip: 12212
Last Updated: 06/06/2011

Legal Entity Name: HEALTHPARTNERS, INC.
Contract Number: H2422

Organization Marketing Name: HealthPartners

Parent Organization: HealthPartners, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 05/01/2005
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 3,164

Contact Title:
Name: Provider Services
Phone: 1-952-883-7699
Extension: **Fax:**
Email:
RVSCProviderInquiry@HealthPartners.com
Address: 8170 33rd Avenue South, PO Box 1309

Legal Entity Address: 8170 33rd AVENUE
SOUTH

P.O. Box 1309
City: Minneapolis
State: MN
Zip: 55425

City: Minneapolis **State:**
MN
Zip: 55440-1309
Last Updated: 06/10/2013

Legal Entity Name: HEALTHPLUS OF MICHIGAN **Contract Number:** H2354
Organization Marketing Name: HealthPlus of Michigan
Parent Organization: HealthPlus of Michigan

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 20,406 Legal Entity Address: 2050 S. Linden Road P.O. BOX 1700 City: FLINT State: MI Zip: 485011700	Contact Title: Name: Customer Service Phone: 1-800-332-9161 Extension: Fax: 1-810-496-8440 Email: customerservice@healthplus.org Address: 2050 S. Linden Road City: Flint State: MI Zip: 48532 Last Updated: 10/04/2013
--	--

Legal Entity Name: HEALTHSPAN INTEGRATED CARE **Contract Number:** H6298
Organization Marketing Name: HealthSpan
Parent Organization: Catholic Health Partners

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 2,148 Legal Entity Address: 1001 Lakeside Ave Suite 1200 City: Cleveland State: OH Zip: 44114	Contact Title: Manager, Medicare Marketing Name: Aaron Morrow Phone: 1-216-479-5995 Extension: Fax: Email: admorrow@healthspan.org Address: North Point Tower, Suite 1200 1001 Lakeside Avenue City: Cleveland State: OH Zip: 44114-1153 Last Updated: 02/13/2014
--	--

Legal Entity Name: HEALTHSPAN INTEGRATED CARE **Contract Number:** H6360
Organization Marketing Name: HealthSpan
Parent Organization: Catholic Health Partners

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 01/01/1987 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 13,165 Legal Entity Address: North Point Tower, Suite 1200 1001 Lakeside Avenue City: CLEVELAND State: OH Zip: 441141153	Contact Title: Manager, Medicare Marketing Name: Aaron Morrow Phone: 1-216-479-5995 Extension: Fax: Email: admorrow@healthspan.org Address: North Point Tower, Suite 1200 1001 Lakeside Avenue City: Cleveland State: OH Zip: 44114-1153 Last Updated: 11/15/2013
--	--

Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC. **Contract Number:** H2165
Organization Marketing Name: Cigna-HealthSpring
Parent Organization: CIGNA

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Extension: CMS Region Responsible: Dallas Enrollment: 6,387 Legal Entity Address: 2900 NORTH LOOP WEST SUITE 1300 City: HOUSTON State: TX Zip: 77092	Contact Title: Name: Wendy Wetzel Phone: 1-800-668-3813 Tax Status: For Profit Fax: Email: letushelpyou@healthspring.com Address: PO Box 20002 City: Nashville State: TN Zip: 37202 Last Updated: 02/06/2015
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC. Contract Number: H2676 Organization Marketing Name: Cigna-HealthSpring Parent Organization: CIGNA	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2013 Extension: CMS Region Responsible: Dallas Enrollment: 367 Legal Entity Address: 2900 North Loop West Suite 1300 City: Houston State: TX Zip: 77092	Contact Title: Name: Wendy Wetzel Phone: 1-800-668-3813 Tax Status: For Profit Fax: Email: letushelpyou@healthspring.com Address: PO Box 20002 City: Nashville State: TN Zip: 37202 Last Updated: 02/06/2015
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC. Contract Number: H4513 Organization Marketing Name: Cigna-HealthSpring Parent Organization: CIGNA	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 03/01/2001 Extension: CMS Region Responsible: Dallas Enrollment: 88,458 Legal Entity Address: 2900 NORTH LOOP WEST Suite 1300 City: HOUSTON State: TX Zip: 77092	Contact Title: Name: Wendy Wetzel Phone: 1-800-668-3813 Tax Status: For Profit Fax: Email: letushelpyou@healthspring.com Address: PO Box 20002 City: Nashville State: TN Zip: 37202 Last Updated: 02/06/2015
Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC. Contract Number: H4528 Organization Marketing Name: Cigna-HealthSpring Parent Organization: CIGNA	

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Wendy Wetzel
Contract Effective Date: 07/01/2005	Phone: 1-800-668-3813 Tax Status: For Profit
Extension:	Fax:
CMS Region Responsible: Dallas	Email: letushelpyou@healthspring.com
Enrollment: 8,164	Address: PO Box 20002
Legal Entity Address: 2900 N Loop West	City: Nashville
Suite 1300	State: TN
City: Houston	Zip: 37202
State: TX	Last Updated: 02/06/2015
Zip: 77092	

Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC. **Contract Number:** H6972
Organization Marketing Name: Cigna-HealthSpring **Parent Organization:** CIGNA

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Wendy Wetzel
Contract Effective Date: 01/01/2013	Phone: 1-800-668-3813 Tax Status: For Profit Extension:
CMS Region Responsible: Dallas	Fax:
Enrollment: 1,533	Email: letushelpyou@healthspring.com
Legal Entity Address: 2900 North loop West	Address: PO Box 20002
Suite 1300	City: Nashville
City: Houston	State: TN
State: TX	Zip: 37202
Zip: 77092	Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC. **Contract Number:** H7787
Organization Marketing Name: Cigna-HealthSpring **Parent Organization:** CIGNA

Organization Type: Local CCP	Contact Title:
Plan Type: Local PPO	Name: Wendy Wetzel
Contract Effective Date: 01/01/2009	Phone: 1-800-668-3813 Tax Status: For Profit Extension:
CMS Region Responsible: Dallas	Fax:
Enrollment: 5,206	Email: letushelpyou@healthspring.com
Legal Entity Address: 2900 North Loop West	Address: PO Box 20002
Suite 1300	City: Nashville
City: Houston	State: TN
State: TX	Zip: 37202
Zip: 77092	Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC. **Contract Number:** H8423
Organization Marketing Name: Cigna-HealthSpring CarePlan **Parent Organization:** CIGNA

Organization Type: Demo	Contact Title:
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS	Name: Wendy Wetzel
Contract Effective Date: 03/01/2015	Phone: 1-800-668-3813
CMS Region Responsible: Dallas	Tax Status: For Profit
Enrollment: 2,982	Extension:
	Fax:
	Email: letushelpyou@healthspring.com
	Address: PO Box 20002
Legal Entity Address: 2900 N Loop West	
Suite 1300	City: Nashville
City: Houston	State: TN
State: TX	Zip: 37202
Zip: 77092	Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING OF ALABAMA, INC. **Contract Number:** H0150
Organization Marketing Name: Cigna-HealthSpring **Parent Organization:** CIGNA

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Wendy Wetzel
Contract Effective Date: 03/01/1994	Phone: 1-800-668-
Tax Status: For Profit	3813
CMS Region Responsible: Dallas	Extension: Fax:
Enrollment: 54,314	Email: letushelpyou@healthspring.com
	Address: PO Box 20002
Legal Entity Address: 2 Chase Corporate Drive	
Ste 300	City: Nashville
City: Hoover	State: TN
State: AL	Zip: 37202
Zip: 35244	Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING OF FLORIDA
Contract Number: H5410
Organization Marketing Name: HealthSpring of Florida, Inc.
Parent Organization: CIGNA

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Wendy Wetzel
Contract Effective Date: 05/01/2005	Phone: 1-800-668-3813
Tax Status: For Profit	Extension:
CMS Region Responsible: Dallas	Fax:
Enrollment: 50,961	Email: letushelpyou@healthspring.com
	Address: PO Box 20002
Legal Entity Address: 8600 NW 41st Street	
Suite 201	City: Nashville
City: DORAL	State: TN
State: FL	Zip: 37202
Zip: 33166	Last Updated: 02/06/2015

Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC. **Contract Number:** H1415
Organization Marketing Name: Cigna-HealthSpring **Parent Organization:** CIGNA

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Wendy Wetzel
Contract Effective Date: 01/01/2005	Phone: 1-800-668-3813
Tax Status: For Profit	Extension:
CMS Region Responsible: Dallas	Fax:
Enrollment: 18,056	Email: letushelpyou@healthspring.com
	Address: PO Box 20002
Legal Entity Address: 9701 W Higgins Road	
SUITE 360	City: Nashville

City: Rosemont
State: IL
Zip: 60018

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

Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC. **Contract Number:** H4407
Organization Marketing Name: Cigna-HealthSpring **Parent Organization:** CIGNA

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 07/01/2005
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 8,443

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

Legal Entity Address: 530 Great Circle Road

City: Nashville
State: TN
Zip: 37228

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

Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC. **Contract Number:** H4454
Organization Marketing Name: Cigna-HealthSpring **Parent Organization:** CIGNA

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/01/1996
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 90,685

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

Legal Entity Address: 530 Great Circle Road

City: Nashville
State: TN
Zip: 37228

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

Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC. **Contract Number:** H6751
Organization Marketing Name: Cigna-HealthSpring **Parent Organization:** CIGNA

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 02/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 7,307

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

Legal Entity Address: 9701 West Higgins Road

Suite 360
City: Rosemont
State: IL
Zip: 60018

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

Legal Entity Name: HEALTHSUN HEALTH PLANS, INC. **Contract Number:** H5431
Organization Marketing Name: HealthSun Health Plans, Inc.
Parent Organization: HealthSun Health Plans, Inc.
Organization Type: Local CCP

Contact Title: Sr. Vice President Operations and BI

Plan Type: HMO/HMOPOS
Contract Effective Date: 08/01/2005
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 29,847

Legal Entity Address: 3250 Mary Street, Suite 400

City: Coconut Grove
State: FL
Zip: 33133

Name: Scott Griesemer
Phone: 1-305-234-9292
Extension: 215
Fax: 1-305-444-9148
Email: cms_technical@healthsun.com
Address: 3250 Mary Street, Suite 500

City: Coconut Grove
State: FL
Zip: 33133
Last Updated: 03/02/2015

Legal Entity Name: HEARTLANDPLAINS HEALTH

Contract Number: H3765

Organization Marketing Name: HeartlandPlains Health

Parent Organization: Catholic Health Initiatives

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/2015

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Denver

Enrollment: 512

Legal Entity Address: 7261 Mercy Rd

City: Omaha
State: NE
Zip: 68124

Contact Title: VP, Medicare Advantage Sales & Marketing

Name: Kim Heuss

Phone: 1-253-345-5555

Extension: 4305

Fax: 1-253-779-8829

Email: Kim.Heuss@prominencehealth.com
Address: 32129 Weyerhaeuser Way S., Suite 201

City: Federal Way
State: WA
Zip: 98001

Last Updated: 02/25/2015

Legal Entity Name: HIGHMARK SENIOR HEALTH

COMPANY **Contract Number:** H3916

Organization Marketing Name: Highmark Senior Health

Company **Parent Organization:** Highmark Health

Organization Type: Local

CCP Plan Type: Local

PPO

Contract Effective Date: 05/01/2003

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Philadelphia

Enrollment: 173,937

Legal Entity Address: 120 FIFTH AVENUE

City: PITTSBURGH
State: PA
Zip: 15222

Contact Title: VP, Sr. Markets Operations

Name: Sally Rich

Phone: 1-866-517-

8585 **Extension:** **Fax:**

Email: sally.rich@highmark.com

Address: 120 Fifth Avenue
Suite P5501

City: Pittsburgh

State: PA

Zip: 15222

Last Updated: 11/30/2012

Legal Entity Name: HIGHMARK SENIOR SOLUTIONS

COMPANY **Contract Number:** H5106

Organization Marketing Name: Highmark Senior Solutions Company

Parent Organization: Highmark Health

Organization Type: Local CCP

Plan Type: Local PPO

Contract Effective Date: 07/01/2005

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Philadelphia

Enrollment: 6,956

Legal Entity Address: 614 Market Street

City: Parkersburg

Contact Title: VP, Sr. Markets Operations

Name: Sally Rich

Phone: 1-866-517-8585

Extension:

Fax:

Email: sally.rich@highmark.com

Address: 120 Fifth Avenue
Suite P5501 **City:**

Pittsburgh

State: PA

State: WV Zip: 26101	Zip: 15222 Last Updated: 11/30/2012
Legal Entity Name: HMO MISSOURI, INC. Contract Number: H9886 Organization Marketing Name: Anthem Blue Cross and Blue Shield Parent Organization: Anthem Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 1,817 Legal Entity Address: 1831 Chestnut Street City: St. Louis State: MO Zip: 63103	Contact Title: Name: Customer Service Phone: 1-866-289-4250 Extension: Fax: Email: SrCsServices@wellpoint.com Address: 145 S. Pioneer Road City: Fon du Lac State: WI Zip: 54935 Last Updated: 04/05/2013
Legal Entity Name: HMO PARTNERS, INC. Contract Number: H9699 Organization Marketing Name: Health Advantage Parent Organization: USABLE Mutual Insurance Company	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 499 Legal Entity Address: 320 West Capitol City: Little Rock State: AR Zip: 72203	Contact Title: Manager Medicare Operations Name: Kathryn Thornhill Phone: 1-501-379-2787 Extension: Fax: 1-501-379-2703 Email: kathornhill@arkbluecross.com Address: 320 W. Capitol, Suite 400 City: Little Rock State: AR Zip: 72203 Last Updated: 05/18/2015
Legal Entity Name: HOMETOWN HEALTH PLAN, INC. Contract Number: H2906 Organization Marketing Name: Senior Care Plus Parent Organization: Renown Health	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 4,060 Legal Entity Address: 830 HARVARD WAY City: RENO State: NV Zip: 89502	Contact Title: Senior Care Plus Manager Name: CJ Bawden Phone: 1-775-982-3218 Extension: Fax: 1-775-982-3743 Email: cbawden@hometownhealth.com Address: 830 Harvard Way City: Reno State: NV Zip: 89502 Last Updated: 05/19/2015
Legal Entity Name: HOMETOWN HEALTH PLAN, INC. Contract Number: H2960 Organization Marketing Name: Senior Care Plus Parent Organization: Renown Health	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1995 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle	Contact Title: Senior Care Plus Manager Name: CJ Bawden Phone: 1-775-982-3218 Extension: Fax: 1-775-982-3743

<p>Enrollment: 13,797</p> <p>Legal Entity Address: 830 Harvard Way</p> <p>City: RENO State: NV Zip: 89502</p>	<p>Email: cbawden@hometownhealth.com</p> <p>Address: 830 Harvard Way</p> <p>City: Reno State: NV Zip: 89502 Last Updated: 05/19/2015</p>
<p>Legal Entity Name: HOPE HOSPICE AND COMMUNITY SERVICES, INC. Contract Number: H5934</p> <p>Organization Marketing Name: Hope PACE</p> <p>Parent Organization: Hope Hospice and Community Services, Inc.</p>	
<p>Organization Type: National PACE Plan Type: National PACE</p> <p>Contract Effective Date: 03/01/2008 Tax Status: Not-for-Profit/Non-Profit</p> <p>CMS Region Responsible: Atlanta Enrollment: 266</p> <p>Legal Entity Address: 9470 HealthPark Circle</p> <p>City: Fort Myers State: FL Zip: 33908</p>	<p>Contact Title: Business Analyst Name: Ron Burris Phone: 1-239-218-5361 Extension: Fax: 1-239-985-6411 Email: ron.burris@hopehcs.org Address: 9470 HealthPark Circle</p> <p>City: Ft. Myers State: FL Zip: 33908 Last Updated: 05/14/2014</p>
<p>Legal Entity Name: HORIZON HEALTHCARE OF NEW JERSEY, INC. Contract Number: H3154</p> <p>Organization Marketing Name: Horizon Blue Cross Blue Shield of New Jersey Parent Organization: Horizon Healthcare Services, Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS</p> <p>Contract Effective Date: 01/01/1996 Tax Status: For Profit</p> <p>CMS Region Responsible: New York Enrollment: 25,485</p> <p>Legal Entity Address: 3 PENN PLAZA EAST</p> <p>City: NEWARK State: NJ Zip: 07105</p>	<p>Contact Title: Manager, Service Operations Name: Lillian Amabile Phone: 1-800-365-2223 Extension: Fax: Email: lillian_amabile@horizonblue.com Address: 3 Penn Plaza East, PP-12L</p> <p>City: Newark State: NJ Zip: 07105 Last Updated: 09/10/2014</p>
<p>Legal Entity Name: HORIZON HEALTHCARE OF NEW JERSEY, INC. Contract Number: H7971</p> <p>Organization Marketing Name: Horizon Blue Cross Blue Shield of New Jersey Parent Organization: Horizon Healthcare Services, Inc.</p>	
<p>Organization Type: Local CCP Plan Type: Local PPO</p> <p>Contract Effective Date: 01/01/2013 Tax Status: Not-for-Profit/Non-Profit</p> <p>CMS Region Responsible: New York Enrollment: 242</p> <p>Legal Entity Address: 3 Penn Plaza East</p> <p>City: Newark State: NJ Zip: 071052200</p>	<p>Contact Title: Manager, Service Operations Name: Lillian Amabile Phone: 1-800-365-2223 Extension: Fax: Email: lillian_amabile@horizonblue.com Address: 3 Penn Plaza East, PP-12L</p> <p>City: Newark State: NJ Zip: 07105 Last Updated: 09/10/2014</p>

Legal Entity Name: HUMANA BENEFIT PLAN OF ILLINOIS, INC. **Contract Number:** H1468
Organization Marketing Name: Humana Benefit Plan of Illinois, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1999 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 6,329	Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street
Legal Entity Address: 7915 N. Hale Avenue Suite D City: Peoria State: IL Zip: 61615	City: Louisville State: KY Zip: 40202 Last Updated: 05/06/2013

Legal Entity Name: HUMANA BENEFIT PLAN OF ILLINOIS, INC. **Contract Number:** H5525
Organization Marketing Name: Humana Benefit Plan of Illinois, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 57,251	Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street
Legal Entity Address: 7915 N. Hale Avenue Suite D City: Peoria State: IL Zip: 61615	City: Louisville State: KY Zip: 40202 Last Updated: 05/07/2013

Legal Entity Name: HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC. **Contract Number:** H4141
Organization Marketing Name: Humana Employers Health Plan of Georgia, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 CMS Region Responsible: Kansas City Enrollment: 37,503	Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Tax Status: For Profit Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street Legal Entity Address: 900 Ashwood Parkway Suite 500 City: Atlanta State: GA Zip: 30338	City: Louisville State: KY Zip: 40202 Last Updated: 05/06/2013
--	--	---

Legal Entity Name: HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC. **Contract Number:** H1951
Organization Marketing Name: Humana Health Benefit Plan of Louisiana, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Pamela Wilson
Contract Effective Date: 06/01/1994	Phone: 1-800-448-6262 Tax Status: For Profit Extension:
CMS Region Responsible: Kansas City	Fax:
Enrollment: 127,432	Email: pwilson@humana.com
Legal Entity Address: 1 Galleria Boulevard., Suite 850	Address: 101 East Main Street
	City: Louisville
City: Metairie	State: KY
State: LA	Zip: 40202
Zip: 70001	Last Updated: 05/07/2013

Legal Entity Name: HUMANA HEALTH COMPANY OF NEW YORK, INC. **Contract Number:** H3533
Organization Marketing Name: Humana Health Company of New York, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Pamela Wilson
Contract Effective Date: 01/01/2009	Phone: 1-800-448-6262
Tax Status: For Profit	Extension:
CMS Region Responsible: Kansas City	Fax:
Enrollment: 4,763	Email: pwilson@humana.com
Legal Entity Address: 845 Third Avenue, 7th Floor	Address: 101 East Main Street
	City: Louisville
City: New York	State: KY
State: NY	Zip: 40202
Zip: 10022	Last Updated: 05/07/2013

Legal Entity Name: HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC. **Contract Number:** H5415
Organization Marketing Name: Humana Health Insurance Company of Florida, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: Local PPO	Name: Pamela Wilson
Contract Effective Date: 01/01/2005	Phone: 1-800-448-6262 Tax Status: For Profit Extension:
CMS Region Responsible: Kansas City	Fax:
Enrollment: 15,270	Email: pwilson@humana.com
Legal Entity Address: 3501 SW 160th Avenue	Address: 101 East Main Street
	City: Louisville
City: Miramar	State: KY
State: FL	Zip: 40202
Zip: 33027	Last Updated: 05/06/2013

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

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Pamela Wilson
Contract Effective Date: 01/01/2010	Phone: 1-800-448-6262
Tax Status: For Profit	Extension:
CMS Region Responsible: Kansas City	Fax:
Enrollment: 41,665	Email: pwilson@humana.com
Legal Entity Address: 640 Eden Park Drive	Address: 101 East Main Street
	City: Louisville
City: Cincinnati	State: KY

State: OH
Zip: 452026056

Zip: 40202
Last Updated: 05/07/2013

Legal Entity Name: HUMANA HEALTH PLAN, INC. **Contract Number:** H0336

Organization Marketing Name: Humana Health Plan, Inc.

Parent Organization: Humana Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 02/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 6,697

Legal Entity Address: 321 West Main Street
12th Floor
City: Louisville
State: KY
Zip: 40202

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

Legal Entity Name: HUMANA HEALTH PLAN, INC. **Contract Number:** H1406

Organization Marketing Name: Humana Health Plan, Inc.

Parent Organization: Humana Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 07/01/1985
Tax Status: For Profit
CMS Region Responsible: Kansas City
Enrollment: 49,174

Legal Entity Address: 321 West Main Street,
12th Floor
City: Louisville
State: KY
Zip: 40202

Contact Title:
Name: Pamela Wilson
Phone: 1-800-448-6262
Extension:
Fax:
Email: pwilson@humana.com
Address: 101 East Main Street
City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA HEALTH PLAN, INC. **Contract Number:** H2012

Organization Marketing Name: Humana Health Plan, Inc.

Parent Organization: Humana Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2010
Tax Status: For Profit
CMS Region Responsible: Kansas City
Enrollment: 198,499

Legal Entity Address: 321 West Main Street,
12th Floor
City: Louisville
State: KY
Zip: 40202

Contact Title:
Name: Pamela Wilson
Phone: 1-800-448-6262
Extension:
Fax:
Email: pwilson@humana.com
Address: 101 East Main Street
City: Louisville
State: KY
Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA HEALTH PLAN, INC. **Contract Number:** H2649

Organization Marketing Name: Humana Health Plan, Inc.

Parent Organization: Humana Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Contact Title:
Name: Pamela Wilson

Contract Effective Date: 01/01/1990
Tax Status: For Profit
CMS Region Responsible: Kansas City
Enrollment: 137,739

Legal Entity Address: 321 West Main Street,
12th Floor

City: Louisville
State: KY
Zip: 40202

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

City: Louisville
State: KY
Zip: 40202

Last Updated: 05/07/2013

Legal Entity Name: HUMANA HEALTH
PLAN, INC. **Contract Number:** H2949

Organization Marketing Name: Humana Health Plan,
Inc.

Parent Organization: Humana Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Contract Effective Date: 10/01/1992
Tax Status: For Profit
CMS Region Responsible: Kansas City
Enrollment: 42,525

Legal Entity Address: 321 West Main Street,
12th Floor

City: Louisville
State: KY
Zip: 40202

Contact Title:

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

City: Louisville
State: KY
Zip: 40202

Last Updated: 05/06/2013

Legal Entity Name: HUMANA HEALTH PLAN, INC. **Contract
Number:** H3480

Organization Marketing Name: Humana Health Plan, Inc.

Parent Organization: Humana Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS

Contract Effective Date: 04/01/2014
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 10,431

Legal Entity Address: 321 West Main Street, 12th Floor

City: Louisville
State: KY
Zip: 40202

Contact Title:

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

City: Louisville
State: KY
Zip: 40202

Last Updated: 05/07/2013

Legal Entity Name: HUMANA HEALTH PLANS OF PUERTO
RICO, INC. **Contract Number:** H4007

Organization Marketing Name: HUMANA HEALTH PLANS OF
PUERTO RICO, INC.

Parent Organization: Humana Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Contract Effective Date: 06/01/2005
Tax Status: For Profit
CMS Region Responsible: Kansas City
Enrollment: 50,980

Legal Entity Address: 383 F.D. Roosevelt Avenue, 3rd Floor

City: San Juan

Contact Title:

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

City: Louisville
State: KY

State: PR
Zip: 00918

Zip: 40202
Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE COMPANY

Contract Number: H1418

Organization Marketing Name: Humana Insurance Company Parent

Organization: Humana Inc.

Organization Type: Local CCP

Plan Type: Local PPO

Contract Effective Date: 08/01/2005

Tax Status: For Profit

CMS Region Responsible: Kansas City

Enrollment: 12,096

Legal Entity Address: 1100 Employers Boulevard

City: DePere

State: WI

Zip: 54115

Contact Title:

Name: Pamela Wilson

Phone: 1-800-448-6262

Extension:

Fax:

Email: pwilson@humana.com

Address: 101 East Main Street

City: Louisville

State: KY

Zip: 40202

Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE COMPANY

Contract Number: H1510

Organization Marketing Name: Humana Insurance Company Parent

Organization: Humana Inc.

Organization Type: Local CCP Plan

Type: Local PPO Contract Effective Date:

07/01/2005

Tax Status: For Profit

CMS Region Responsible: Kansas City

Enrollment: 42,327

Legal Entity Address: 1100 Employers Boulevard

City: DePere

State: WI

Zip: 54115

Contact Title:

Name: Pamela Wilson

Phone: 1-800-448-6262

Extension: Fax:

Email: pwilson@humana.com Address: 101

East Main Street

City: Louisville

State: KY

Zip: 40202

Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE
COMPANY Contract Number: H1716

Organization Marketing Name: Humana Insurance

Company Parent Organization: Humana Inc.

Organization Type: Local CCP

Plan Type: Local PPO

Contract Effective Date: 01/01/2005

Tax Status: For Profit

CMS Region Responsible: Kansas City

Enrollment: 13,254

Legal Entity Address: 1100 Employers
Boulevard

City: DePere

State: WI

Zip: 54115

Contact Title:

Name: Pamela Wilson

Phone: 1-800-448-6262

Extension:

Fax:

Email: pwilson@humana.com

Address: 101 East Main Street

City: Louisville

State: KY

Zip: 40202

Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE
COMPANY Contract Number: H2944

Organization Marketing Name: Humana Insurance

Company Parent Organization: Humana Inc.

Organization Type: PFFS

Plan Type: PFFS

Contract Effective Date: 01/01/2010

Tax Status: For Profit

Contact Title:

Name: Pamela Wilson

Phone: 1-800-448-6262

Extension:

CMS Region Responsible: Kansas City
Enrollment: 18,785

Fax:
Email: pwilson@humana.com
Address: 101 East Main Street

Legal Entity Address: 1100 EMPLOYERS
BLVD

City: DePERE
State: WI
Zip: 54115

City: Louisville
State: KY
Zip: 40202

Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE
COMPANY **Contract Number:** H5216

Organization Marketing Name: Humana Insurance
Company **Parent Organization:** Humana Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 07/01/2005
Tax Status: For Profit
CMS Region Responsible: Kansas City
Enrollment: 33,847

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

Legal Entity Address: 1100 Employers
Boulevard

City: DePere
State: WI
Zip: 54115

City: Louisville
State: KY
Zip: 40202

Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE
COMPANY **Contract Number:** H6609

Organization Marketing Name: Humana Insurance
Company **Parent Organization:** Humana Inc.

Organization Type: Local
CCP **Plan Type:** Local PPO
Contract Effective Date:
01/01/2010
Tax Status: For Profit
CMS Region Responsible: Kansas City
Enrollment: 796,795

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

Legal Entity Address: 1100 EMPLOYERS
BLVD

City: DePERE
State: WI
Zip: 54115

City: Louisville
State: KY
Zip: 40202

Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE COMPANY
Contract Number: H8145

Organization Marketing Name: Humana Insurance Company Parent
Organization: Humana Inc.

Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 01/01/2011
Tax Status: For Profit
CMS Region Responsible: Kansas City
Enrollment: 139,420

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

Legal Entity Address: 1100 Employers Blvd.

City: DePere
State: WI
Zip: 54115

City: Louisville
State: KY
Zip: 40202

Last Updated: 05/06/2013

Legal Entity Name: HUMANA INSURANCE COMPANY
Contract Number: R5826
Organization Marketing Name: Humana Insurance Company Parent
Organization: Humana Inc.

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 502,440 Legal Entity Address: 1100 Employers Boulevard City: DePere State: WI Zip: 54115	Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 05/06/2013
--	--

Legal Entity Name: HUMANA INSURANCE COMPANY OF NEW YORK
Contract Number: H1291
Organization Marketing Name: Humana Insurance Company of New York
Parent Organization: Humana Inc.

Organization Type: PFFS Plan Type: PFFS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 306 Legal Entity Address: 845 Third Avenue 7th Floor City: New York State: NY Zip: 10022	Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 05/06/2013
---	--

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

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 9,008 Legal Entity Address: 845 Third Avenue 7th Floor City: New York State: NY Zip: 10022	Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Extension: 6262 Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 05/07/2013
---	---

Legal Entity Name: HUMANA INSURANCE OF PUERTO RICO, INC.
Contract Number: H2029
Organization Marketing Name: Humana Insurance of Puerto Rico, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City	Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Extension: Fax:
---	---

<p>Enrollment: 1,772</p> <p>Legal Entity Address: 383 F.D. Roosevelt Avenue 3rd Floor City: San Juan State: PR Zip: 00918</p>	<p>Email: pwilson@humana.com Address: 101 East Main Street</p> <p>City: Louisville State: KY Zip: 40202 Last Updated: 05/06/2013</p>
<p>Legal Entity Name: HUMANA MEDICAL PLAN OF MICHIGAN, INC. Contract Number: H8908</p> <p>Organization Marketing Name: Humana Medical Plan of Michigan, Inc. Parent Organization: Humana Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2013 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 2,451</p> <p>Legal Entity Address: 5555 Glenwood Hills Pkwy Suite 150 City: Grand Rapids State: MI Zip: 49512</p>	<p>Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street</p> <p>City: Louisville State: KY Zip: 40202 Last Updated: 05/06/2013</p>
<p>Legal Entity Name: HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC. Contract Number: H6859</p> <p>Organization Marketing Name: Humana Medical Plan of Pennsylvania, Inc. Parent Organization: Humana Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 4,094</p> <p>Legal Entity Address: 5000 Ritter Rd Suite 101 City: Mechanicsburg State: PA Zip: 17055</p>	<p>Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street</p> <p>City: Louisville State: KY Zip: 40202 Last Updated: 05/07/2013</p>
<p>Legal Entity Name: HUMANA MEDICAL PLAN OF UTAH, INC. Contract Number: H2486</p> <p>Organization Marketing Name: Humana Medical Plan of Utah, Inc. Parent Organization: Humana Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 5,700</p> <p>Legal Entity Address: 9815 South Monroe Street Suite 300 City: Sandy State: UT Zip: 84070</p>	<p>Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street</p> <p>City: Louisville State: KY Zip: 40202 Last Updated: 05/07/2013</p>

Legal Entity Name: HUMANA MEDICAL PLAN, INC. Contract Number: H1036 Organization Marketing Name: Humana Medical Plan, Inc. Parent Organization: Humana Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 02/01/1986 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 430,894 Legal Entity Address: 3501 SW 160th Avenue City: Miramar State: FL Zip: 33027	Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 05/06/2013
Legal Entity Name: HUMANA REGIONAL HEALTH PLAN, INC. Contract Number: H4145 Organization Marketing Name: Humana Regional Health Plan, Inc. Parent Organization: Humana Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 2,321 Legal Entity Address: 300 Spring Building, Suite 900 300 S Spring Street City: Little Rock State: AR Zip: 72201	Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 05/07/2013
Legal Entity Name: HUMANA WI HEALTH ORGANIZATION INSURANCE CORP Contract Number: H6622 Organization Marketing Name: Humana WI Health Organization Insurance Corp Parent Organization: Humana Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 CMS Region Responsible: Kansas City Enrollment: 39,691 Legal Entity Address: Two Riverwood Place N19W24133 Riverwood Drive, Suite 300 City: Waukesha State: WI Zip: 531881145	Contact Title: Name: Pamela Wilson Phone: 1-800-448-6262 Tax Status: For Profit Extension: Fax: Email: pwilson@humana.com Address: 101 East Main Street City: Louisville State: KY Zip: 40202 Last Updated: 05/06/2013
Legal Entity Name: HUMBOLDT SENIOR RESOURCE CENTER, INC. Contract Number: H3517 Organization Marketing Name: Redwood Coast PACE Parent Organization: Humboldt Senior Resource Center, Inc.	

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 09/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 54

Legal Entity Address: 1910 California Street

City: Eureka
State: CA
Zip: 95501

Contact Title: Director of Communication and Marketing
Name: Rene Arche
Phone: 1-707-443-9747
Extension: 1256
Fax:
Email: rarche@humsenior.org
Address: 1910 California Street

City: Eureka
State: CA
Zip: 95501
Last Updated: 12/20/2013

Legal Entity Name: IEHP HEALTH ACCESS
Contract Number: H5355

Organization Marketing Name: IEHP DualChoice

Parent Organization: INLAND EMPIRE HEALTH PLAN

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan
HMO/HMOPOS
Contract Effective Date: 04/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 22,305

Legal Entity Address: 10801 Sixth Street, Suite #120

City: Rancho Cucamonga
State: CA
Zip: 91730

Contact Title: Member Services
Name: Member Services
Phone: 1-877-273-4347
Extension:
Fax: 1-909-890-5877
Email: member_services@IEHP.org
Address: 10801 Sixth Street, Suite #120

City: Rancho Cucamonga
State: CA
Zip: 91730
Last Updated: 08/22/2013

Legal Entity Name: ILLINICARE HEALTH PLAN
Contract Number: H0281

Organization Marketing Name: IlliniCare Health

Parent Organization: Centene Corporation

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan
HMO/HMOPOS
Contract Effective Date: 02/01/2014
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 1,417

Legal Entity Address: 999 Oakmont Plaza Drive

City: Westmont
State: IL
Zip: 60559

Contact Title:
Name: Member Services
Phone: 1-877-941-0482
Extension:
Fax:
Email: mijones@centene.com
Address: 999 Oakmont Plaza Drive

City: Westmont
State: IL
Zip: 60559
Last Updated: 03/04/2015

Legal Entity Name: INDEPENDENCE CARE SYSTEM, INC. **Contract Number:** H4465

Organization Marketing Name: ICS Community Care Plus FIDA MMP

Parent Organization: Paraprofessional Healthcare Institute

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

Contact Title: VP, Communications/Community Relations
Name: Loreen Loonie
Phone: 1-212-584-2548
Extension:
Fax: 1-212-584-2555

Enrollment: 333	Email: loonie@icsny.org
Legal Entity Address: 257 Park Avenue South 2nd Floor City: New York State: NY Zip: 10010	Address: 257 Park Avenue South City: New York State: NY Zip: 10010 Last Updated: 07/24/2013
Legal Entity Name: INDEPENDENT CARE HEALTH PLAN, INC. Contract Number: H2237	
Organization Marketing Name: iCare	
Parent Organization: Independent Care Health Plan Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 6,130	Contact Title: Name: Customer Service Phone: 1-414-223-4847 Extension: Fax: Email: info@icare-wi.org Address: 1555 N Rivercenter Drive Suite 206 City: Milwaukee State: WI Zip: 53212 Last Updated: 01/19/2010
Legal Entity Address: 1555 North River Center Drive Suite 206 City: Milwaukee State: WI Zip: 53212	

Legal Entity Name: INDEPENDENT HEALTH ASSOCIATION, INC. Contract Number: H3362	
Organization Marketing Name: Independent Health	
Parent Organization: Independent Health Association, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1996 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 91,017	Contact Title: Name: Member Services Phone: 1-800-665-1502 Extension: Fax: Email: wnyms@independenthealth.com Address: 511 Farber Lakes Drive City: Buffalo State: NY Zip: 14221 Last Updated: 01/08/2008
Legal Entity Address: 511 FARBER LAKES DRIVE City: BUFFALO State: NY Zip: 14221	

Legal Entity Name: INDEPENDENT HEALTH BENEFITS CORPORATION Contract Number: H3344	
Organization Marketing Name: Independent Health	
Parent Organization: Independent Health Association, Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 09/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 3,815	Contact Title: Name: Member Services Phone: 1-800-665-1502 Extension: Fax: Email: wnyms@independenthealth.com Address: 511 Farber Lakes Drive City: Buffalo State: NY Zip: 14221 Last Updated: 01/08/2008
Legal Entity Address: 511 FARBER LAKES DRIVE City: BUFFALO State: NY Zip: 14221	

Legal Entity Name: INDEPENDENT LIVING FOR SENIORS, INC. **Contract Number:** H3331
Organization Marketing Name: ElderONE an Affiliate of Rochester Regional Health **Parent Organization:** Rochester General Health System

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 632 Legal Entity Address: 2066 HUDSON AVENUE City: ROCHESTER State: NY Zip: 14617	Contact Title: Executive Director Name: Jill Graziano Phone: 1-585-922-2808 Extension: Fax: 1-585-922-2864 Email: Jill.Graziano@rochesterregional.org Address: 490 E. Ridge Road City: Rochester State: NY Zip: 14621 Last Updated: 04/15/2015
---	---

Legal Entity Name: INDEPENDENT LIVING SRVCS OF CENTRAL NY **Contract Number:** H3321
Organization Marketing Name: Independent Living Srvcs Of Central Ny **Parent Organization:** Loretto Rest Realty Corporation

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 492 Legal Entity Address: 100 MALTA LANE City: NORTH SYRACUSE State: NY Zip: 13212	Contact Title: Name: Ginny Turley Phone: 1-315-452-5800 Extension: 156 Fax: Email: gturley@lorettosystem.org Address: 100 Malta Lane City: North Syracuse State: NY Zip: 13212 Last Updated: 12/19/2007
--	--

Legal Entity Name: INDIANA UNIVERSITY HEALTH PLANS, INC. **Contract Number:** H7220
Organization Marketing Name: Indiana University Health Plans - Medicare **Parent Organization:** Indiana University Health

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 11,892 Legal Entity Address: 950 N. Meridian Street, Suite 200 City: Indianapolis State: IN Zip: 46204	Contact Title: Director, Customer Solutions Center Name: Trina Gibson Phone: 1-317-963-9700 Extension: Fax: Email: tgibson2@iuhealth.org Address: 950 N. Meridian Street Suite 200 City: Indianapolis State: IN Zip: 46204 Last Updated: 12/11/2013
---	---

Legal Entity Name: INOVACARES
Contract Number: H6310
Organization Marketing Name: InovaCares for Seniors
Parent Organization: Inova Health Systems, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 04/01/2012 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia	Contact Title: Program Director Name: Elissa Clark Phone: 1-571-432-3117 Extension: Fax: 1-703-323-0331
---	--

Enrollment: 97

Email: elissa.clark@inova.org

Legal Entity Address: 4027B Olley Lane

Address: 9900 Main Street

City: Fairfax

City: Fairfax

State: VA

State: VA

Zip: 22032

Zip: 22031

Last Updated: 12/29/2014

Legal Entity Name: INSURANCE COMPANY OF SCOTT AND
WHITE **Contract Number:** H8237

Organization Marketing Name: Vital Traditions

Parent Organization: Baylor Scott & White Holdings

Organization Type: Local CCP

Contact Title: Call Center

Plan Type: HMO/HMOPOS

Name: Customer Service

Contract Effective Date: 01/01/2014

Phone: 1-866-334-3141

Tax Status: For Profit

Extension:

CMS Region Responsible: Dallas

Fax:

Enrollment: 2,385

Email: blee@sw.org

Address: 1206 West Campus Drive

Legal Entity Address: 1206 West Campus Dr

City: Temple

City: Temple

State: TX

State: TX

Zip: 76502

Zip: 76502

Last Updated: 06/09/2014

Legal Entity Name: INTER VALLEY HEALTH PLAN, INC.

Contract Number: H0545

Organization Marketing Name: Inter Valley Health Plan

Parent Organization: InterValley Health Plan

Organization Type: Local CCP

Contact Title: Manager, Enrollment & Reimbursement **Name:** Kim
Porter

Plan Type: HMO/HMOPOS

Phone: 1-800-251-8191

Contract Effective Date: 06/01/1986

Tax Status: Not-for-Profit/Non-Profit

Extension: 426 **Fax:**

CMS Region Responsible: Seattle

Email: cmscasework@ivhp.com **Address:** 300 S.
Park Ave.

Enrollment: 22,089

Legal Entity Address: 300 SOUTH PARK
PO BOX 6002

City: Pomona

City: POMONA

State: CA

State: CA

Zip: 91766

Zip: 917696002

Last Updated: 09/19/2006

Legal Entity Name: ITASCA MEDICAL CARE

Contract Number: H2417

Organization Marketing Name: Itasca Medical Care/IMCare
Classic

Parent Organization: Itasca County Health & Human
Services

Organization Type: Local CCP

Contact Title: Program Director

Plan Type: HMO/HMOPOS

Name: Brett Skyles

Contract Effective Date: 06/01/2005

Phone: 1-218-327-5517

Tax Status: Not-for-Profit/Non-Profit

Extension:

CMS Region Responsible: Chicago

Fax: 1-218-327-5545

Enrollment: 471

Email: brett.skyles@co.itasca.mn.us

Address: 1219 SE 2nd Ave.

Legal Entity Address: 1219 SE 2ND AVENUE

City: GRAND RAPIDS

City: Grand Rapids

State: MN

State: MN

Zip: 55744

Zip: 55744

Last Updated: 05/15/2007

Legal Entity Name: KAISER FNDN HP OF THE MID-ATLANTIC STS **Contract Number:** H2150
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Foundation Health Plan, Inc.

<p>Organization Type: 1876 Cost</p> <p>Plan Type: 1876 Cost Contract Effective Date: 01/01/1991 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 63,456</p> <p>Legal Entity Address: 2101 EAST JEFFERSON ST</p> <p>City: ROCKVILLE State: MD Zip: 20852</p>	<p>Contact Title: Director of Account Experience & Customer Engagement Name: Kenneth Bailey Phone: 1-888-777-5536 Extension: Fax: 1-301-816-6190 Email: kenneth.l.bailey@kp.org Address: 2101 East Jefferson Street</p> <p>City: Rockville State: MD Zip: 20852 Last Updated: 04/01/2013</p>
--	--

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

<p>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: 98,064</p> <p>Legal Entity Address: 10350 E Dakota Avenue PO Box 378066 City: Denver State: CO Zip: 80247</p>	<p>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.</p> <p>City: Aurora State: CO Zip: 80014 Last Updated: 03/29/2013</p>
--	--

Legal Entity Name: KAISER FOUNDATION HP OF GA, INC. **Contract Number:** H1170
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Foundation Health Plan, Inc.

<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 24,792</p> <p>Legal Entity Address: 3495 PIEDMONT ROAD BUILDING 9 City: ATLANTA State: GA Zip: 30305</p>	<p>Contact Title: Name: Member Services Phone: 1-NAExtension: Fax: 1-404-364-4939 Email: kpnet@kp.org Address: 3495 Piedmont Road NE Ten Piedmont Center</p> <p>City: Atlanta State: GA Zip: 30305 Last Updated: 06/03/2011</p>
---	---

Legal Entity Name: KAISER FOUNDATION HP OF THE N W **Contract Number:** H9003
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Foundation Health Plan, Inc.

<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/1980 Tax Status: Not-for-Profit/Non-Profit</p>	<p>Contact Title: Name: Member Services Phone: 1-877-221-8221 Extension:</p>
--	---

CMS Region Responsible: San Francisco
Enrollment: 79,068

Fax:
Email: kaiserpermanente@kp.org
Address: 500 NE Multnomah St., Suite 100

Legal Entity Address: 500 NE Multnomah St
SUITE 100
City: PORTLAND
State: OR
Zip: 97232

City: Portland
State: OR
Zip: 97232
Last Updated: 04/05/2007

Legal Entity Name: KAISER FOUNDATION HP,
INC. **Contract Number:** H0524

Organization Marketing Name: Kaiser Permanente

Parent Organization: Kaiser Foundation Health
Plan, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 08/01/1987
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 1,032,671

Contact Title:
Name: Member Services
Phone: 1-800-443-0815
Extension:
Fax:
Email: msc@kp.org
Address: 10740 Fourth St., Second Floor

Legal Entity Address: P.O. BOX 12916

City: OAKLAND
State: CA
Zip: 946042916

City: Rancho Cucamonga
State: CA
Zip: 91730
Last Updated: 10/10/2014

Legal Entity Name: KAISER FOUNDATION HP,
INC. **Contract Number:** H1230

Organization Marketing Name: Kaiser Permanente

Parent Organization: Kaiser Foundation Health
Plan, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 05/01/1986
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 31,301

Contact Title: Medicare Compliance Consultant
Name: Shawn Ripley
Phone: 1-808-348-7832
Extension:
Fax: 1-808-432-5427
Email: shawn.x.ripley@kp.org
Address: 1 Kaiser Plaza
Floor 13 **City:**
Oakland
State: CA
Zip: 94612
Last Updated: 10/27/2014

Legal Entity Address: 711 KAPIOLANI BLVD

City: HONOLULU
State: HI
Zip: 96813

Legal Entity Name: KAISER FOUNDATION HP,
INC. **Contract Number:** H6050

Organization Marketing Name: Kaiser Permanente
Medicare Cost

Parent Organization: Kaiser Foundation Health
Plan, Inc.

Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 01/01/1987
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 80

Contact Title:
Name: Member Services
Phone: 1-800-443-0815
Extension: **Fax:**
Email: msc@kp.org
Address: 10740 Fourth St., Second Floor

Legal Entity Address: P.O. BOX 12916

City: OAKLAND
State: CA

City: Rancho Cucamonga
State: CA
Zip: 91730
Last Updated: 10/10/2014

Zip: 946042916

Legal Entity Name: KAISER FOUNDATION HP, INC.

Contract Number: H6052

Organization Marketing Name: Kaiser Permanente Medicare Cost

Parent Organization: Kaiser Foundation Health Plan, Inc.

Organization Type: 1876 Cost

Plan Type: 1876 Cost

Contract Effective Date: 01/01/1987

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: San Francisco

Enrollment: 1,061

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: 10740 Fourth St., Second Floor

City: Rancho Cucamonga

State: CA

Zip: 91730

Last Updated: 10/10/2014

Legal Entity Name: KEYSTONE HEALTH PLAN CENTRAL, INC. **Contract Number:** H3962

Organization Marketing Name: Keystone Health Plan Central, Inc. **Parent Organization:** Capital BlueCross

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 05/01/1996

Tax Status: For Profit

CMS Region Responsible: Philadelphia

Enrollment: 10,657

Legal Entity Address: P.O. Box 779827

City: HARRISBURG

State: PA

Zip: 171779827

Contact Title: Customer Service Manager

Name: Barbara Keffer

Phone: 1-800-779-6962

Extension:

Fax: 1-717-651-4200

Email: barb.keffer@capbluecross.com

Address: 2500 Elmerton Avenue

P.O. Box 774135

City: Harrisburg

State: PA

Zip: 17177-4135

Last Updated: 03/07/2014

Legal Entity Name: KEYSTONE HEALTH PLAN EAST, INC. **Contract Number:** H3952

Organization Marketing Name: Keystone 65 HMO

Parent Organization: Independence Health Group, Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/1993

Tax Status: For Profit

CMS Region Responsible: Philadelphia

Enrollment: 85,718

Legal Entity Address: 1901 MARKET ST
45TH FLOOR

Contact Title:

Name: Customer Service

Phone: 1-800-645-3965

Extension:

Fax:

Email: info@ibxmedicare.com

Address: PO Box 7799

City: Philadelphia

City: PHILADELPHIA
State: PA
Zip: 19103

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

Legal Entity Name: KEYSTONE HEALTH PLAN
WEST, INC. **Contract Number:** H3957

Organization Marketing Name: Highmark Choice
Company **Parent Organization:** Highmark Health

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 03/01/1995
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 115,692

Legal Entity Address: 120 FIFTH
AVE

City: PITTSBURGH
State: PA
Zip: 152223099

Contact Title: VP, Sr. Markets Operations

Name: Sally Rich
Phone: 1-866-517-
8585 **Extension:** **Fax:**
Email: sally.rich@highmark.com
Address: 120 Fifth Avenue
Suite P5501
City: Pittsburgh
State: PA
Zip: 15222

Last Updated: 11/30/2012

Legal Entity Name: KISSITO PACE OF
ROANOKE, INC. **Contract Number:** H1239

Organization Marketing Name: Kissito PACE
Marketing **Parent Organization:** Kissito
Healthcare, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 73

Legal Entity Address: 5251 Concourse Drive

City: Roanoke
State: VA
Zip: 24019

Contact Title: VP Business Development

Name: Josh McGilliard
Phone: 1-540-265-0322
Extension: 102
Fax: 1-540-265-0305
Email: josh.mcgilliard@kissito.org
Address: 5251 Concourse Drive
City: Roanoke
State: VA
Zip: 24019

Last Updated: 08/06/2015

Legal Entity Name: KS PLAN
ADMINISTRATORS, LLC **Contract Number:**
H0332

Organization Marketing Name: KelseyCare Advantage
Parent Organization: Kelsey-Seybold Medical
Group, PLLC

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2008
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 29,804

Legal Entity Address: 2727 West Holcombe
4th Floor, Admin
City: Houston
State: TX
Zip: 77025

Contact Title: Director, Quality & Compliance

Name: Margaret A Drakeley
Phone: 1-713-442-9631
Extension:
Fax: 1-713-442-5212
Email:
margaret.drakeley@kelseycareadvantage.com
Address: 11511 Shadow Creek Parkway

City: Pearland
State: TX
Zip: 77584
Last Updated: 08/16/2013

Legal Entity Name: LIBERTY HEALTH
ADVANTAGE, INC. **Contract Number:** H3337
Organization Marketing Name: Liberty Health Advantage
Parent Organization: Liberty Health Advantage,
Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 5,011	Contact Title: Name: Member Services Phone: 1-631-227-3400 Extension: Fax: Email: MembSvc@lhany.com Address: One Huntington Quadrangle Suite 3N01 City: Melville State: NY Zip: 11747 Last Updated: 05/08/2013
Legal Entity Address: 1 Huntington Quadrangle, Suite 3N01 City: Melville State: NY Zip: 11747	

Legal Entity Name: LIFE AT LOURDES, INC.
Contract Number: H3493
Organization Marketing Name: LIFE at Lourdes
Parent Organization: Trinity Health

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2009 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 205	Contact Title: Executive Director Name: Marge Sullivan Phone: 1-856-675-3663 Extension: Fax: 1-856-675-3659 Email: sullivanm@lourdesnet.org Address: 2475 McClellan Avenue Building C City: Pennsauken State: NJ Zip: 08109 Last Updated: 06/12/2014
Legal Entity Address: 2475 McClellan Ave., Bldg C Building C City: Pennsauken State: NJ Zip: 08109	

Legal Entity Name: LIFE AT ST. FRANCIS HEALTHCARE, INC.
Contract Number: H5493
Organization Marketing Name: St. Francis LIFE
Parent Organization: Trinity Health

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2013 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 146	Contact Title: Administrator Name: Amy Milligan Phone: 1-302-660-3352 Extension: Fax: 1-302-575-8236 Email: amilligan@che-east.org Address: 1072 Justison Street City: Wilmington State: DE Zip: 19801 Last Updated: 03/18/2013
Legal Entity Address: 1072 Justison Street City: Wilmington State: DE Zip: 19801	

Legal Entity Name: LIFE PACE
Contract Number: H6941
Organization Marketing Name: LIFE PACE, INC.
Parent Organization: LIFE Senior Services, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 01/01/2015 Tax Status: Not-for-Profit/Non-Profit	Contact Title: Program Director Name: Brian McKaig Phone: 1-918-949-9969 Extension:
--	--

CMS Region Responsible: Dallas
Enrollment: *

Legal Entity Address: 5950 E. 31st Street

City: Tulsa
State: OK
Zip: 74135

Fax:
Email: bmckaig@lifeseniorservices.org
Address: 5950 East 31st Street

City: Tulsa
State: OK
Zip: 74135
Last Updated: 08/21/2015

Legal Entity Name: LIFE ST. FRANCIS
Contract Number: H1234

Organization Marketing Name: LIFE St. Francis **Parent Organization:**
Trinity Health

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 04/01/2009
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 278

Legal Entity Address: 1435 Liberty St.

City: Hamilton
State: NJ
Zip: 08629

Contact Title: Executive Director
Name: Jill Ann Viggiano
Phone: 1-609-599-5474
Extension:
Fax: 1-609-695-4234
Email: jviggiano@stfrancismedical.org **Address:** 1435 Liberty St.

City: Hamilton
State: NJ
Zip: 08629
Last Updated: 05/02/2015

Legal Entity Name: LIFE ST. JOSEPH OF THE PINES, INC.
Contract Number: H1500

Organization Marketing Name: LIFE St. Joseph of the Pines **Parent Organization:**
St Joseph of the Pines, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 04/01/2011
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 224

Legal Entity Address: 4900 Raeford Rd

City: Fayetteville
State: NC
Zip: 28304

Contact Title: Executive Director **Name:** Robert
L Dickson
Phone: 1-910-429-7255 **Extension:**
Fax: 1-910-483-4930
Email: rdickson@sjp.org
Address: 4900 Raeford Road

City: Fayetteville
State: NC
Zip: 28309
Last Updated: 03/04/2013

Legal Entity Name: LIFE ST. MARY, INC.
Contract Number: H6551

Organization Marketing Name: LIFE St. Mary
Parent Organization: St. Mary Medical Center

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 03/01/2010
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 218

Legal Entity Address: 2500 Northgate Drive

City: Trevese
State: PA
Zip: 19053

Contact Title: Finance Director **Name:** Jennifer
White
Phone: 1-267-991-7625 **Extension:**
Fax: 1-267-991-7618
Email: JWWhite3@stmaryhealthcare.org **Address:** 2500
Northgate Road

City: Trevese
State: PA
Zip: 19053
Last Updated: 12/30/2013

Legal Entity Name: LIFECIRCLES **Contract Number:** H2936
Organization Marketing Name: LIFECIRCLES **Parent Organization:** LifeCircles

Organization Type: National PACE **Plan Type:** National PACE
Contract Effective Date: 02/01/2009 **Tax Status:** Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago **Enrollment:** 215
Legal Entity Address: 560 Seminole Rd.
City: Muskegon **State:** MI **Zip:** 49444
Contact Title: Executive Director **Name:** Luke Reynolds
Phone: 1-231-733-8650 **Extension:**
Fax: 1-231-733-8683
Email: lreynolds@lifecircles-pace.org **Address:** 560 Seminole Rd.
City: Muskegon **State:** MI **Zip:** 49444
Last Updated: 04/28/2014

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

Organization Type: National PACE **Plan Type:** National PACE
Contract Effective Date: 05/01/2005 **Tax Status:** Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia **Enrollment:** 521
Legal Entity Address: 681 Andersen Drive
 Building 6, Floor 5
City: PITTSBURGH **State:** PA **Zip:** 15220
Contact Title: Director of Finance **Name:** Laura B Schmitt
Phone: 1-412-388-8042 **Extension:**
Fax: 1-412-388-8055
Email: lschmitt@lifepittsburgh.org
Address: 681 Andersen drive
 Building 6, Floor 5
City: Pittsburgh **State:** PA **Zip:** 15220
Last Updated: 08/02/2010

Legal Entity Name: LOCAL INITIATIVE HEALTH AUTHORITY FOR L.A. COUNTY **Contract Number:** H8258
Organization Marketing Name: L.A. Care Cal MediConnect Plan **Parent Organization:** Local Initiative Health Authority for LA County

Organization Type: Demo **Plan Type:** Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 04/01/2014 **Tax Status:** Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco **Enrollment:** 14,838
Legal Entity Address: 1055 W. 7th Street
 10th Floor **City:** Los Angeles **City:** Los Angeles **State:** CA **Zip:** 90017
Contact Title: Sr. Director Medicare & CalMediConnect Ops **Name:** Gretchen Brown
Phone: 1-213-694-1250 **Extension:** 4805
Fax: 1-213-438-5736
Email: gbrown@lacare.org
Address: 1055 West 7th Street
 4th Fl **State:** CA **Zip:** 90017
Last Updated: 02/02/2015

Legal Entity Name: LOS ANGELES JEWISH HOME FOR THE AGING **Contract Number:** H7855
Organization Marketing Name: Brandman Centers for Senior Care **Parent Organization:** Los Angeles Jewish Home for the Aging

Organization Type: National PACE **Plan Type:** National PACE
Contract Effective Date: 02/01/2013 **Tax Status:** Not-for-Profit/Non-Profit
Contact Title: Marketing Director **Name:** Santos Rodriguez
Phone: 1-818-654-5571 **Extension:**

CMS Region Responsible: San Francisco
Enrollment: 121

Fax: 1-818-774-5907
Email: santos.rodriguez@jha.org
Address: 7150 Tampa Avenue

Legal Entity Address: 7150 Tampa Avenue
7150 Tampa Avenue
City: Reseda
State: CA
Zip: 91335

City: Reseda
State: CA
Zip: 91335
Last Updated: 02/06/2015

Legal Entity Name: LUBBOCK REGIONAL MENTAL HEALTH MENTAL RETARDATION **Contract Number:** H9998

Organization Marketing Name: Silver Star

Parent Organization: Lubbock Regional Mental Health

Organization Type: National PACE **Contact Title:** CHIEF INFORMATION OFFICER **Plan Type:** National PACE **Name:** Wendy Potitadkul

Contract Effective Date: 05/01/2010 **Phone:** 1-806-766-0272 **Tax Status:** Not-for-Profit/Non-Profit **Extension:**
CMS Region Responsible: Dallas **Fax:** 1-806-766-0250
Enrollment: 105 **Email:** wpotitad@starcarelubbock.org
Address: P.O. Box 2828 **Legal Entity Address:** PO Box 2828

4010 22nd Street **City:** Lubbock **City:** LUBBOCK **State:** TX
State: TX **Zip:** 79408
Zip: 794082828 **Last Updated:** 04/03/2013

Legal Entity Name: LUTHERAN SENIOR HEALTHCARE, INC. **Contract Number:** H6371

Organization Marketing Name: Lutheran Senior LIFE

Parent Organization: Lutheran Social Ministries of New Jersey

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 07/01/2010
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 131

Contact Title: Executive Director
Name: Wanda Cooper
Phone: 1-201-706-2091
Extension:
Fax: 1-201-706-2092
Email: wcooper@lsmnj.org
Address: 377 Jersey Avenue
Suite 310 **City:** Jersey City
State: NJ
Zip: 07302
Last Updated: 05/08/2015

Legal Entity Address: 3 Manhattan Drive

City: Burlington
State: NJ
Zip: 08016

Legal Entity Name: LUTHERAN SENIORLIFE VIECARE ARMSTRONG, LLC **Contract Number:** H6188

Organization Marketing Name: LIFE Armstrong

Parent Organization: Lutheran SeniorLife

Organization Type: National PACE **Contact Title:** Director of MIS **Plan Type:** National PACE **Name:** Dean Phillips

Contract Effective Date: 04/01/2015 **Phone:** 1-724-776-1100 **Tax Status:** Not-for-Profit/Non-Profit
Extension:
CMS Region Responsible: Philadelphia **Fax:** 1-724-772-2960
Enrollment: 12 **Email:** dean.phillips@lutheranseniorlife.org

Legal Entity Address: 1 Nolte Drive
191 Scharberry Lane
City: Mars

City: Kittanning **State:** PA
State: PA **Zip:** 16046
Zip: 16201 **Last Updated:** 10/06/2014

Legal Entity Name: MANAGED HEALTH SERVICES, WISCONSIN Contract Number: H8189 Organization Marketing Name: MHS Health Wisconsin Advantage Parent Organization: Centene Corporation	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 1,022 Legal Entity Address: 10700 West Research Drive Suite 300 City: Milwaukee State: WI Zip: 53226	Contact Title: Sr. VP, Government Relations & Compliance Name: Sandi Tunis Phone: 1-414-773-4039 Extension: Fax: Email: stunis@centene.com Address: 10700 West Research Drive Suite 300 City: Milwaukee State: WI Zip: 53226 Last Updated: 07/25/2014
Legal Entity Name: MANAGED HEALTH, INC. Contract Number: H3359 Organization Marketing Name: Healthfirst Medicare Plan Parent Organization: Healthfirst, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/1994 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 128,987 Legal Entity Address: 100 Church Street, 18th Floor City: New York State: NY Zip: 10007	Contact Title: Name: Provider Services Phone: 1-888-801-1660 Extension: Fax: Email: hfprovsvs@healthfirst.org Address: P.O. Box 5168 City: New York State: NY Zip: 10274-5168 Last Updated: 08/20/2014
Legal Entity Name: MANAGED HEALTH, INC. Contract Number: H5441 Organization Marketing Name: Healthfirst Medicare Plan Parent Organization: Healthfirst, Inc.	
Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 907 Legal Entity Address: 100 Church Street, 18th Floor City: New York State: NY Zip: 10007	Contact Title: Name: Provider Services Phone: 1-888-801-1660 Extension: Fax: Email: hfprovsvs@healthfirst.org Address: P.O. Box 5168 City: New York State: NY Zip: 10274-5168 Last Updated: 08/20/2014
Legal Entity Name: MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT Contract Number: H6623 Organization Marketing Name: Maricopa Care Advantage Parent Organization: MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	

Organization Type: Local CCP	Contact Title: MCA Customer Care
Plan Type: HMO/HMOPOS	Name: Customer Care
Contract Effective Date: 01/01/2014	Phone: 1-877-874-3935 Tax Status: For Profit Extension:
CMS Region Responsible: San Francisco	Fax: 1-520-874-3434
Enrollment: 1,861	Email: memberservicesinquiries@uahealth.com
Legal Entity Address: 2601 East Roosevelt St	Address: 2701 E. Elvira Rd
	City: Tucson
City: Phoenix	State: AZ
State: AZ	Zip: 85756
Zip: 85008	Last Updated: 08/10/2015

Legal Entity Name: MARTIN'S POINT GENERATIONS, LLC **Contract Number:** H1365
Organization Marketing Name: Martin's Point Generations
 Advantage **Parent Organization:** Martin's Point Health Care, Inc.

Organization Type: Local CCP	Contact Title: Chief Operating Officer
Plan Type: Local PPO	Name: Larry Henry
Contract Effective Date: 01/01/2010	Phone: 1-888-732-7364
Tax Status: Not-for-Profit/Non-Profit	Extension:
CMS Region Responsible: Boston	Fax:
Enrollment: 2,691	Email: larry.henry@martinspoint.org
Legal Entity Address: PO Box 9746	Address: P. O. Box 9746
331 Veranda St.	331 Veranda Street
City: Portland	City: Portland
State: ME	State: ME
Zip: 04104	Zip: 04104
	Last Updated: 03/11/2013

Legal Entity Name: MARTIN'S POINT GENERATIONS, LLC **Contract Number:** H5591
Organization Marketing Name: Martin's Point Generations
 Advantage **Parent Organization:** Martin's Point Health Care, Inc.

Organization Type: Local CCP	Contact Title: Chief Operating Officer
Plan Type: HMO/HMOPOS	Name: Larry Henry
Contract Effective Date: 01/01/2007	Phone: 1-888-732-7364
Tax Status: Not-for-Profit/Non-Profit	Extension:
CMS Region Responsible: Boston	Fax:
Enrollment: 32,272	Email: larry.henry@martinspoint.org
Legal Entity Address: P.O. Box 9746	Address: P. O. Box 9746
331 Veranda Street	331 Veranda Street
City: Portland	City: Portland
State: ME	State: ME
Zip: 04104	Zip: 04104
	Last Updated: 03/11/2013

Legal Entity Name: MATTHEW THORNTON HEALTH PLAN, INC. **Contract Number:** H3536
Organization Marketing Name: Anthem Blue Cross and Blue Shield **Parent Organization:** Anthem Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Customer Service
Contract Effective Date: 01/01/2014	Phone: 1-866-289-4250
Tax Status: For Profit	Extension:
CMS Region Responsible: Chicago	Fax:
Enrollment: 573	Email: SrCsServices@wellpoint.com
Legal Entity Address: 3000 Goffs Falls Road	Address: 145 S. Pioneer Road
	City: Fon du Lac
City: Manchester	State: WI

State: NH	Zip: 54935
Zip: 031110001	Last Updated: 04/05/2013
Legal Entity Name: MCGREGOR PACE	
Contract Number: H3613	
Organization Marketing Name: McGregor PACE	
Parent Organization: McGregor at Overlook	
Organization Type: National PACE	Contact Title: CEO
Plan Type: National PACE	Name: Tangi McCoy
Contract Effective Date: 11/01/2002	Phone: 1-216-851-8200
Tax Status: Not-for-Profit/Non-Profit	Extension: 2058 Fax:
CMS Region Responsible: Chicago	Email: tangi.mccoy@mcgregorctr.org Address: 2373
Enrollment: 325	Euclid Heights Blvd.
Legal Entity Address: 26310 Emery Road	City: Cleveland Heights
	State: OH
City: Warrensville HEIGHTS	Zip: 44106
State: OH	Last Updated: 08/31/2014
Zip: 44128	

Legal Entity Name: MCLAREN HEALTH PLAN, INC. Contract	
Number: H0141	
Organization Marketing Name: McLaren Advantage	
Parent Organization: McLaren Health Care Corporation	
Organization Type: Local CCP	Contact Title: Compliance Officer
Plan Type: HMO/HMOPOS	Name: Sue Bayer
Contract Effective Date: 01/01/2008	Phone: 1-888-327-0671
Tax Status: Not-for-Profit/Non-Profit	Extension:
CMS Region Responsible: Chicago	Fax:
Enrollment: 126	Email: sue.bayer@mclaren.org Address: G3245
Legal Entity Address: G-3245 Beecher Rd.	Beecher Rd
	City: Flint
City: Flint	State: MI
State: MI	Zip: 48532
Zip: 48532	Last Updated: 09/12/2013

Legal Entity Name: MCS ADVANTAGE, INC.	
Contract Number: H5577	
Organization Marketing Name: MCS Classicare	
Parent Organization: Medical Card System, Inc.	
Organization Type: Local CCP	Contact Title: Corporate Communications Director
Plan Type: HMO/HMOPOS	Name: Marien Amezaga
Contract Effective Date: 01/01/2007	Phone: 1-787-758-2500
Tax Status: For Profit	Extension: 5265
CMS Region Responsible: New York	Fax:
Enrollment: 175,413	Email: marien.amezaga@medicalcardsystem.com Address:
Legal Entity Address: MCS Plaza	MCS Plaza
	255 Ponce de Leon Avenue, Second Floor
City: San Juan	City: San Juan
State: PR	State: PR
Zip: 00918	Zip: 00918
	Last Updated: 05/11/2015

Legal Entity Name: MEDICA HEALTH PLANS	
Contract Number: H2458	
Organization Marketing Name: Medica Health Plans	
Parent Organization: Medica Holding Company	
Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Customer Service
Contract Effective Date: 07/01/1997	Phone: 1-800-234-8755
Tax Status: Not-for-Profit/Non-Profit	Extension:

CMS Region Responsible: Chicago
Enrollment: 10,136

Legal Entity Address: 401 Carlson Parkway

City: MINNETONKA
State: MN
Zip: 55305

Fax:
Email: centerforhealthyaging@medica.com
Address: 401 Carlson Parkway

City: Minnetonka
State: MN
Zip: 55305
Last Updated: 08/22/2006

Legal Entity Name: MEDICA HEALTHCARE PLANS, INC.
Contract Number: H5420

Organization Marketing Name: Medica HealthCare Plans, Inc.

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 06/01/2005

Tax Status: For Profit

CMS Region Responsible: San Francisco

Enrollment: 35,626

Legal Entity Address: 4000 Ponce de Leon Blvd.
Suite 650

City: CORAL GABLES
State: FL
Zip: 33146

Contact Title: COO for United for South Florida

Name: Annette Onorati

Phone: 1-305-670-8438 **Extension:** 1225

Fax: 1-305-670-4529

Email: annette_onorati@uhc.com

Address: 9100 South Dadeland Blvd
Suite 1250

City: Miami

State: FL

Zip: 33156

Last Updated: 04/17/2014

Legal Entity Name: MEDICA INSURANCE COMPANY
Contract Number: H2450

Organization Marketing Name: Medica Insurance Company

Parent Organization: Medica Holding Company

Organization Type: 1876 Cost

Plan Type: 1876 Cost

Contract Effective Date: 01/01/1990

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Chicago

Enrollment: 173,030

Legal Entity Address: 401 Carlson Parkway
P.O. BOX 9310

City: MINNEAPOLIS
State: MN
Zip: 554409310

Contact Title:

Name: Customer Service

Phone: 1-800-234-8755

Extension:

Fax:

Email: centerforhealthyaging@medica.com

Address: 401 Carlson Parkway

City: Minnetonka

State: MN

Zip: 55305

Last Updated: 08/23/2006

Legal Entity Name: MEDICAL ASSOCIATES CLINIC
HEALTH PLAN **Contract Number:** H5256

Organization Marketing Name: Medical Associates Clinic Health

Plan of Wisconsin **Parent Organization:** Medical Associates
Clinic, P.C.

Organization Type: 1876 Cost

Plan Type: 1876 Cost

Contract Effective Date: 02/01/1996

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Kansas City

Enrollment: 3,172

Legal Entity Address: 1605 ASSOCIATES DRIVE

City: DUBUQUE
State: IA
Zip: 52002

Contact Title: Marketing Specialist

Name: Julie Hoffmann

Phone: 1-563-556-8070

Extension:

Fax: 1-563-556-5134

Email: jhoffmann@mahealthcare.com

Address: 1605 Associates Drive

City: Dubuque

State: IA

Zip: 52002

Last Updated: 06/24/2010

Legal Entity Name: MEDICAL ASSOCIATES HEALTH PLAN, INC. **Contract Number:** H1651
Organization Marketing Name: Medical Associates Health Plan, Inc.
Parent Organization: Medical Associates Clinic, P.C.

Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 02/01/1996 Tax Status: For Profit CMS Region Responsible: Kansas City Enrollment: 10,358	Contact Title: Marketing Specialist Name: Julie Hoffmann Phone: 1-563-556-8070 Extension: Fax: 1-563-556-5134 Email: jhoffmann@mahealthcare.com Address: 1605 Associates Drive City: Dubuque State: IA Zip: 52002 Last Updated: 02/01/2007
Legal Entity Address: 1605 Associates Drive City: DUBUQUE State: IA Zip: 52002	

Legal Entity Name: MEDISUN, INC.
Contract Number: H0302
Organization Marketing Name: Blue Cross Blue Shield of Arizona Advantage
Parent Organization: Veritage, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1999 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 47,057	Contact Title: Name: Member Services Phone: 1-480-684-7834 Extension: Fax: Email: contact.advantage@azbluemedicare.com Address: 13950 W. Meeker Blvd City: Sun City West State: AZ Zip: 85375 Last Updated: 05/02/2013
Legal Entity Address: 13950 W. Meeker Blvd City: Sun City West State: AZ Zip: 85375	

Legal Entity Name: MEDSTAR FAMILY CHOICE, INC.
Contract Number: H9915
Organization Marketing Name: MedStar Family Choice, Inc
Parent Organization: Medstar Health, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2013 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 7,009	Contact Title: AVP Regulatory Affairs, Network Dev and Marketing Name: Lesley Wallace Phone: 1-855-222-1042 Extension: Fax: Email: Lesley.wallace@medstar.net Address: 5233 King Avenue Suite 400 City: Baltimore State: MD Zip: 21237 Last Updated: 08/03/2015
Legal Entity Address: 5233 King Avenue Suite 400 City: Baltimore State: MD Zip: 21237	

Legal Entity Name: MEMORIAL HERMANN HEALTH PLAN **Contract Number:** H2968
Organization Marketing Name: Memorial Hermann Health Insurance Company **Parent Organization:** Memorial Hermann Healthcare System

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2015	Contact Title: Network Development Name: Josette Hubbard Phone: 1-713-338-4812
--	---

Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 453

Legal Entity Address: 929 Gessner
Suite 1500
City: Houston
State: TX
Zip: 77024

Extension:
Fax:
Email: Josette.Hubbard@memorialhermann.org
Address: 929 Gessner #1500

City: Houston
State: TX
Zip: 77024
Last Updated: 02/09/2015

Legal Entity Name: MEMORIAL HERMANN HEALTH
PLAN **Contract Number:** H7115

Organization Marketing Name: Memorial Hermann Health Plan,
Inc. **Parent Organization:** Memorial Hermann Healthcare
System

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 1,366

Legal Entity Address: 929 Gessner
Suite 1500
City: Houston
State: TX
Zip: 77024

Contact Title: Network Development
Name: Josette Hubbard
Phone: 1-713-338-4812
Extension:
Fax:
Email: Josette.Hubbard@memorialhermann.org
Address: 929 Gessner #1500

City: Houston
State: TX
Zip: 77024
Last Updated: 02/09/2015

Legal Entity Name: MEMORIAL HOSPITAL OF
LARAMIE COUNTY **Contract Number:** H4000

Organization Marketing Name: Wyoming PACE
Parent Organization: Memorial Hospital of Laramie
County

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 01/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Denver
Enrollment: 85

Legal Entity Address: 214 East 23rd Street
City: Cheyenne
State: WY
Zip: 82001

Contact Title: PACE Director
Name: Laura Wright
Phone: 1-307-633-7005
Extension:
Fax: 1-307-773-8131
Email: laurie.wright@crmcwy.org
Address: 214 E. 23rd St.

City: Cheyenne
State: WY
Zip: 82001
Last Updated: 06/20/2012

Legal Entity Name: MERCY LIFE OF ALABAMA
Contract Number: H4074

Organization Marketing Name: Mercy LIFE of Alabama **Parent
Organization:** Mercy Medical

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 12/01/2011
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 162

Legal Entity Address: 2900 Springhill Ave.
City: Mobile
State: AL

Contact Title: CFO
Name: Necie Borroni
Phone: 1-251-621-4223
Extension:
Fax: 1-251-626-0315
Email: sheilab@mercymedical.com
Address: 101 Villa Drive
PO Box 1090 **City:** Daphne

State: AL
Zip: 36526

Zip: 36607

Last Updated: 09/02/2011

Legal Entity Name: MERCY LIFE, INC.

Contract Number: H0809

Organization Marketing Name: Mercy LIFE

Parent Organization: Sisters of Providence Care Centers, Inc.

Organization Type: National PACE

Plan Type: National PACE

Contract Effective Date: 03/01/2014

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Boston

Enrollment: 98

Legal Entity Address: 271 Carew Street

City: Springfield

State: MA

Zip: 01104

Contact Title: Executive Director

Name: Joseph Larkin

Phone: 1-413-748-7223

Extension:

Fax: 1-413-493-2024

Email: joe.larkin@sphs.com

Address: 2112 Riverdale Street

Suite 1

City: West Springfield

State: MA

Zip: 01089

Last Updated: 05/01/2014

Legal Entity Name: MERIDIAN HEALTH PLAN OF ILLINOIS, INC. **Contract Number:** H5779

Organization Marketing Name: Meridian Health Plan

Parent Organization: Caidan Enterprises, Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/2013

Tax Status: For Profit

CMS Region Responsible: Chicago

Enrollment: 479

Legal Entity Address: 333 South Wabash Avenue

Suite 2900

City: Chicago

State: IL

Zip: 60604

Contact Title: Deputy Director of Medicare Operations

Name: Danielle Devine

Phone: 1-877-902-6784

Extension:

Fax:

Email: Danielle.Devine@mhplan.com

Address: 777 Woodward Avenue

Suite 600

City: Detroit

State: MI

Zip: 48226

Last Updated: 07/06/2015

Legal Entity Name: MERIDIAN HEALTH PLAN OF ILLINOIS, INC. **Contract Number:** H6080

Organization Marketing Name: Meridian Complete

Parent Organization: Caidan Enterprises, Inc.

Organization Type: Demo

Plan Type: Medicare-Medicaid Plan HMO/HMOPOS

Contract Effective Date: 02/01/2014

Tax Status: For Profit

CMS Region Responsible: Chicago

Enrollment: 5,831

Legal Entity Address: 333 South Wabash Avenue

Suite 2900

City: Chicago

State: IL

Zip: 60604

Contact Title: Deputy Director of Medicare Operations

Name: Danielle Devine

Phone: 1-877-902-6784

Extension:

Fax:

Email: Danielle.Devine@mhplan.com

Address: 777 Woodward Avenue

Suite 600

City: Detroit

State: MI

Zip: 48226

Last Updated: 08/14/2015

Legal Entity Name: MERIDIAN HEALTH PLAN OF IOWA, INC. **Contract Number:** H5786

Organization Marketing Name: Meridian Health Plan

Parent Organization: Caidan Enterprises, Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/2014

Contact Title: Deputy Director of Medicare Operations

Name: Danielle Devine

Phone: 1-877-902-6784

<p>Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 350</p> <p>Legal Entity Address: 666 Grand Avenue 14th Floor City: Des Moines State: IA Zip: 50309</p>	<p>Extension: Fax: Email: Danielle.Devine@mhplan.com Address: 777 Woodward Avenue Suite 600 City: Detroit State: MI Zip: 48226 Last Updated: 07/06/2015</p>
<p>Legal Entity Name: MERIDIAN HEALTH PLAN OF MICHIGAN, INC. Contract Number: H0480</p> <p>Organization Marketing Name: Meridian Complete</p> <p>Parent Organization: Caidan Enterprises, Inc.</p>	
<p>Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 03/01/2015 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 5,574</p> <p>Legal Entity Address: 777 Woodward Avenue Suite 600 City: Detroit State: MI Zip: 48226</p>	<p>Contact Title: Deputy Director of Medicare Operations Name: Danielle Devine Phone: 1-877-902-6784 Extension: Fax: Email: Danielle.Devine@mhplan.com Address: 777 Woodward Avenue Suite 600 City: Detroit State: MI Zip: 48226 Last Updated: 07/07/2015</p>
<p>Legal Entity Name: MERIDIAN HEALTH PLAN OF MICHIGAN, INC. Contract Number: H5475</p> <p>Organization Marketing Name: Meridian Health Plan</p> <p>Parent Organization: Caidan Enterprises, Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 2,594</p> <p>Legal Entity Address: 777 Woodward Avenue Suite 600 City: Detroit State: MI Zip: 48226</p>	<p>Contact Title: Deputy Director of Medicare Operations Name: Danielle Devine Phone: 1-877-902-6784 Extension: Fax: Email: Danielle.Devine@mhplan.com Address: 777 Woodward Avenue Suite 600 City: Detroit State: MI Zip: 48226 Last Updated: 06/30/2015</p>
<p>Legal Entity Name: METROPLUS HEALTH PLAN, INC. Contract Number: H0423</p> <p>Organization Marketing Name: MetroPlus Health Plan</p> <p>Parent Organization: New York City Health and Hospitals Corporation</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: New York Enrollment: 8,523</p> <p>Legal Entity Address: 160 Water Street 3rd Floor City: New York</p>	<p>Contact Title: Director Communications Name: Kathryn Soman Phone: 1-212-908-8588 Extension: Fax: 1-212-908-8603 Email: SOMANK@METROPLUS.ORG Address: 160 Water Street 3rd Floor City: New York State: NY Zip: 10038 Last Updated: 05/04/2015</p>

State: NY
Zip:
10038

Legal Entity Name: METROPLUS HEALTH PLAN, INC. Contract Number: H9115	
Organization Marketing Name: MetroPlus FIDA	
Parent Organization: New York City Health and Hospitals Corporation	
Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 193	Contact Title: Director of Communications Name: Kathryn Soman Phone: 1-212-908-8600 Extension: Fax: 1-212-908-8603 Email: somank@metroplus.org Address: 160 Water Street 4th floor City: New York State: NY Zip: 10038 Last Updated: 05/04/2015
Legal Entity Address: 160 Water Street 3rd Floor City: New York State: NY Zip: 10038	
Legal Entity Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION Contract Number: H3810	
Organization Marketing Name: AllCare Advantage	
Parent Organization: Mid Rogue IPA Holding Company	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2005 CMS Region Responsible: Seattle Enrollment: 2,090	Contact Title: Vice President of Marketing and Communication Name: Freddy Sennhauser Phone: 1-888-460-0185 Tax Status: For Profit Extension: Fax: 1-541-471-1524 Email: freddy@mripa.org Address: 740 SE 7th Street City: Grants Pass State: OR Zip: 97526 Last Updated: 05/07/2014
Legal Entity Address: 740 SE 7th Street City: GRANTS PASS State: OR Zip: 97526	
Legal Entity Name: MIDLAND CARE CONNECTION Contract Number: H5822	
Organization Marketing Name: Midland Care PACE	
Parent Organization: Midland Care Connection, Inc.	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Kansas City Enrollment: 134	Contact Title: VP Compliance Name: Harmony Hines Phone: 1-785-232-2044 Extension: Fax: Email: hhines@midlandcc.org Address: 200 SW Frazier Circle City: Topeka
Legal Entity Address: 200 SW Frazier Circle	

City: Topeka
State: KS
Zip: 66606

State: KS
Zip: 66606
Last Updated: 05/01/2013

Legal Entity Name: MMM HEALTHCARE, LLC.
Contract Number: H4003

Organization Marketing Name: Medicare y Mucho Más Parent
Organization: InnovaCare Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 09/01/2001
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 166,511

Legal Entity Address: 350 Chardon Ave Suite 500
Torre Chardon
City: San Juan
State: PR
Zip: 009182137

Contact Title: AVP Enrollment and Membership Accounting

Name: Yamile Suarez
Phone: 1-787-622-3000 **Extension:** 1745
Fax: 1-787-999-2199
Email: Yamile.Suarez@mmmhc.com

Address: 350 Avenida Chardón
Torre Chardón, Suite 500
City: San Juan
State: PR
Zip: 00918-2137
Last Updated: 12/30/2013

Legal Entity Name: MMM HEALTHCARE, LLC.
Contract Number: H4011

Organization Marketing Name: First +Plus
Parent Organization: InnovaCare Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 08/01/2005
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 9,825

Legal Entity Address: PO BOX 195080

City: SAN JUAN
State: PR
Zip: 009195080

Contact Title: AVP Enrollment and Membership Accounting

Name: Yamile Suarez
Phone: 1-787-622-3000
Extension: 1745
Fax: 1-787-999-2199
Email: Yamile.Suarez@mmmhc.com

Address: 350 Avenida Chardón
Torre Chardón, Suite 500 **City:** San Juan
State: PR
Zip: 00918-2137
Last Updated: 12/16/2014

Legal Entity Name: MODA HEALTH PLAN, INC.
Contract Number: H3813

Organization Marketing Name: Moda Health Plan, Inc.
Parent Organization: Moda, Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 07/01/2005
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 12,857

Legal Entity Address: 601 SW Second Avenue Suite 900

City: Portland
State: OR
Zip: 97204

Contact Title: Member Services

Name: Member Services
Phone: 1-877-299-9062
Extension:
Fax:
Email: medical@modahealth.com
Address: 601 S.W. Second Ave.

City: Portland
State: OR
Zip: 97204
Last Updated: 11/15/2013

Legal Entity Name: MODA HEALTH PLAN, INC.
Contract Number: H8506

Organization Marketing Name: Moda Health Plan, Inc.
Parent Organization: Moda, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Contact Title: Member Services
Name: Member Services

Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 75

Legal Entity Address: 601 SW Second Ave Suite 900

City: Portland
State: OR
Zip: 97204

Phone: 1-877-299-9062
Extension:
Fax:
Email: medical@modahealth.com **Address:**
601 S.W. Second Ave.

City: Portland
State: OR
Zip: 97204
Last Updated: 12/30/2013

Legal Entity Name: MOLINA HEALTHCARE OF CALIFORNIA **Contract Number:** H5810

Organization Marketing Name: Molina Healthcare of California **Parent Organization:** Molina Healthcare, Inc.,

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2006
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 3,973

Legal Entity Address: 200 Oceangate Suite 100

City: Long Beach
State: CA
Zip:
90802

Contact Title: Vice President
Name: Tom Standing
Phone: 1-800-665-0898 **Extension:** **Fax:**
Email: Tom.Standing@MolinaHealthCare.com
Address: 200 Oceangate
Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 03/05/2013

Legal Entity Name: MOLINA HEALTHCARE OF CALIFORNIA **Contract Number:** H8677

Organization Marketing Name: Molina Healthcare of California **Parent Organization:** Molina Healthcare, Inc.,

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 04/01/2014
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 15,135

Legal Entity Address: 200 Oceangate Ste. 100

City: Long Beach
State: CA
Zip: 90802

Contact Title: Vice President
Name: Tom Standing
Phone: 1-800-665-0898
Extension:
Fax:
Email: Tom.Standing@MolinaHealthCare.com
Address: 200 Oceangate
Suite 100
City: Long Beach
State: CA
Zip: 90802
Last Updated: 03/06/2013

Legal Entity Name: MOLINA HEALTHCARE OF FLORIDA, INC. **Contract Number:** H8130

Organization Marketing Name: Molina Healthcare of Florida **Parent Organization:** Molina Healthcare, Inc.,

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2010
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 1,375

Contact Title: Vice President
Name: Tom Standing
Phone: 1-800-665-0898
Extension:
Fax:
Email: Tom.Standing@MolinaHealthCare.com
Address: 200 Oceangate

Legal Entity Address: 8300 NW 33rd Street, Suite 400

City: Doral
State: FL
Zip: 33122

Suite 100
City: Long Beach
State: CA
Zip: 90802

Last Updated: 03/06/2013

Legal Entity Name: MOLINA HEALTHCARE OF ILLINOIS, INC. **Contract Number:** H8046

Organization Marketing Name: Molina Healthcare of Illinois

Parent Organization: Molina Healthcare, Inc.,

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan
HMO/HMOPOS

Contract Effective Date: 02/01/2014

Tax Status: For Profit

CMS Region Responsible: Chicago

Enrollment: 3,805

Legal Entity Address: 1520 Kensington Road
Ste. 212

City: Oakbrook
State: IL
Zip: 60523

Contact Title: Vice President
Name: Tom Standing

Phone: 1-800-665-0898

Extension:

Fax:

Email: Tom.Standing@MolinaHealthCare.com

Address: 200 Oceangate
Suite 100

City: Long Beach
State: CA
Zip: 90802

Last Updated: 03/06/2013

Legal Entity Name: MOLINA HEALTHCARE OF MICHIGAN, INC. **Contract Number:** H5926

Organization Marketing Name: Molina Healthcare of Michigan
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/2006

Tax Status: For Profit

CMS Region Responsible: Seattle

Enrollment: 8,800

Legal Entity Address: 100 W. Big Beaver
Suite 600

City: Troy
State: MI
Zip: 48084

Contact Title: Vice President
Name: Tom Standing

Phone: 1-800-665-

0898 **Extension:** **Fax:**

Email: Tom.Standing@MolinaHealthCare.com

Address: 200 Oceangate
Suite 100

City: Long Beach
State: CA
Zip: 90802

Last Updated: 03/06/2013

Legal Entity Name: MOLINA HEALTHCARE OF MICHIGAN, INC. **Contract Number:** H7844

Organization Marketing Name: Molina Healthcare of Michigan
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan
HMO/HMOPOS

Contract Effective Date: 05/01/2015

Tax Status: For Profit

CMS Region Responsible: Chicago

Enrollment: 11,479

Legal Entity Address: 100 W. Big Beaver Road
Ste. 600

City: Troy
State: MI
Zip: 48084

Contact Title: Vice President
Name: Tom Standing

Phone: 1-800-665-0898

Extension:

Fax:

Email: Tom.Standing@MolinaHealthCare.com

Address: 200 Oceangate
Suite 100

City: Long Beach
State: CA
Zip: 90802

Last Updated: 03/06/2013

Legal Entity Name: MOLINA HEALTHCARE OF NEW MEXICO, INC. **Contract Number:** H9082
Organization Marketing Name: Molina Healthcare of New Mexico, Inc. **Parent Organization:** Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 2,124 Legal Entity Address: 8801 Horizon Blvd., Suite 400 City: Albuquerque State: NM Zip: 87113	Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standing@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/06/2013
---	---

Legal Entity Name: MOLINA HEALTHCARE OF OHIO, INC. **Contract Number:** H0490
Organization Marketing Name: Molina Healthcare of Ohio
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 565 Legal Entity Address: 3000 Corporate Exchange Drive City: Columbus State: OH Zip: 43231	Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standing@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/05/2013
--	---

Legal Entity Name: MOLINA HEALTHCARE OF OHIO, INC. **Contract Number:** H5280
Organization Marketing Name: Molina Healthcare of Ohio
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 05/01/2014 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 10,616 Legal Entity Address: 3000 Corporate Exchange Drive City: Columbus State: OH Zip: 43231	Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standing@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/05/2013
--	---

Legal Entity Name: MOLINA HEALTHCARE OF SOUTH CAROLINA, INC. **Contract Number:** H2533
Organization Marketing Name: Molina Healthcare of South Carolina **Parent Organization:** Molina Healthcare, Inc.,

Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 02/01/2015	Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898
---	---

<p>Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 173</p> <p>Legal Entity Address: 200 Oceangate - Suite 100</p> <p>City: Long Beach State: CA Zip: 90802</p>	<p>Extension: Fax: Email: Tom.Standring@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 11/20/2013</p>
<p>Legal Entity Name: MOLINA HEALTHCARE OF TEXAS, INC. Contract Number: H7678</p> <p>Organization Marketing Name: Molina Healthcare of Texas, Inc. Parent Organization: Molina Healthcare, Inc.,</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 3,737</p> <p>Legal Entity Address: 2505 North Hwy 360, Suite 300</p> <p>City: Grand Prairie State: TX Zip: 75050</p>	<p>Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standring@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/06/2013</p>
<p>Legal Entity Name: MOLINA HEALTHCARE OF TEXAS, INC. Contract Number: H8197</p> <p>Organization Marketing Name: Molina Healthcare of Texas Parent Organization: Molina Healthcare, Inc.,</p>	
<p>Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 03/01/2015 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 16,024</p> <p>Legal Entity Address: 84 NE Loop 410 Ste. 400 City: San Antonio State: TX Zip: 78216</p>	<p>Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standring@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/06/2013</p>
<p>Legal Entity Name: MOLINA HEALTHCARE OF UTAH, INC. Contract Number: H5628</p> <p>Organization Marketing Name: Molina Healthcare of Utah Parent Organization: Molina Healthcare, Inc.,</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 8,751</p> <p>Legal Entity Address: 7050 Union Park Center Suite 200 City: Midvale State: UT Zip: 84047</p>	<p>Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standring@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/05/2013</p>

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 9,179	Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standing@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/05/2013
Legal Entity Address: 21540 30th Dr. SE Suite 400 City: Bothell State: WA Zip: 98021	

Legal Entity Name: MOLINA HEALTHCARE OF WISCONSIN
Contract Number: H2879
Organization Marketing Name: Molina Healthcare of Wisconsin
Parent Organization: Molina Healthcare, Inc.,

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 637	Contact Title: Vice President Name: Tom Standing Phone: 1-800-665-0898 Extension: Fax: Email: Tom.Standing@MolinaHealthCare.com Address: 200 Oceangate Suite 100 City: Long Beach State: CA Zip: 90802 Last Updated: 03/05/2013
Legal Entity Address: 2400 South 102nd Street City: West Allis State: WI Zip: 53227	

Legal Entity Name: MORSE LIFE HOME CARE, INC.
Contract Number: H0112
Organization Marketing Name: Palm Beach PACE
Parent Organization: Morse Life Home Care, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2013 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 157	Contact Title: Director of Information Technology Name: Michael Schultz Phone: 1-561-687-5765 Extension: Fax: 1-561-683-4556 Email: Michaels@MorseLife.org Address: 4847 Fred Gladstone Dr. City: West Palm Beach State: FL Zip: 33417 Last Updated: 03/26/2013
Legal Entity Address: 4847 Fred Gladstone Drive City: West Palm Beach State: FL Zip: 33417	

Legal Entity Name: MOUNT CARMEL HEALTH INSURANCE COMPANY **Contract Number:** H1846
Organization Marketing Name: MediGold
Parent Organization: Trinity Health

Organization Type: Local
CCP Plan Type: Local
PPO
Contract Effective Date: 01/01/2009
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 1,423

Legal Entity Address: 6150 E. Broad St. EE320

City: Columbus
State: OH
Zip: 43213

Contact Title: Provider Relations Call
Center **Name:** Provider Call Center
Phone: 1-800-991-9907
Extension:
Fax: 1-614-546-4269
Email: mdennis2@mchs.com
Address: 6150 E. Broad St, EE320

City: Columbus
State: OH
Zip: 43213
Last Updated: 02/28/2008

Legal Entity Name: MOUNT CARMEL HEALTH PLAN, INC.
Contract Number: H3668
Organization Marketing Name: MediGold
Parent Organization: Trinity Health

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 03/01/1997
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 49,112

Legal Entity Address: 6150 East Broad Street, EE320

City: Columbus
State: OH
Zip: 43213

Contact Title: Provider Relations Call Center
Name: Provider Call Center
Phone: 1-800-991-9907
Extension:
Fax: 1-614-546-4269
Email: mdennis2@mchs.com **Address:** 6150
E. Broad St, EE320

City: Columbus
State: OH
Zip: 43213
Last Updated: 10/24/2007

Legal Entity Name: MOUNTAIN EMPIRE OLDER CITIZENS,
INC. **Contract Number:** H5037
Organization Marketing Name: Mountain Empire PACE
Parent Organization: Mountain Empire Older Citizens, Inc

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 03/01/2008
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 94

Legal Entity Address: 1501 Third Avenue East
P.O. Box 888
City: Big Stone Gap
State: VA
Zip: 24219

Contact Title: PACE Director and COO
Name: Tony Lawson
Phone: 1-276-523-0599
Extension: 310
Fax: 1-276-523-6483
Email: tlawson@meoc.org **Address:**
P. O. Box 888

City: Big Stone Gap
State: VA
Zip: 24219
Last Updated: 11/13/2013

Legal Entity Name: MVP HEALTH PLAN, INC.
Contract Number: H3305
Organization Marketing Name: MVP HEALTH CARE
Parent Organization: MVP Health Care, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 11/01/1985
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 35,277

Contact Title: Sales Manager, Medicare
Name: Catherine Mercury
Phone: 1-888-280-6205
Extension:
Fax:
Email: cmercury@mvphealthcare.com
Address: 220 Alexander St

Legal Entity Address: 220 Alexander Street

City: Rochester
State: NY
Zip: 14607

City: Rochester
State: NY
Zip: 14607
Last Updated: 05/18/2009

Legal Entity Name: MVP HEALTH PLAN, INC.
Contract Number: H9615

Organization Marketing Name: MVP HEALTH CARE

Parent Organization: MVP Health Care, Inc.

Organization Type: Local CCP **Plan Type:** Local PPO
Contract Effective Date: 01/01/2009

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: New York

Enrollment: 20,295

Legal Entity Address: 625 State Street

City: Schenectady
State: NY **Zip:** 12301

Contact Title: Sales Manager, Medicare **Name:** Catherine Mercury

Phone: 1-888-280-6205 **Extension:** **Fax:**

Email: cmercury@mvphealthcare.com **Address:** 220 Alexander St

City: Rochester
State: NY
Zip: 14607

Last Updated: 05/21/2015

Legal Entity Name: MVP HEALTH PLAN, INC.
Contract Number: H9859

Organization Marketing Name: MVP HEALTH CARE

Parent Organization: MVP Health Care, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/2007

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: New York

Enrollment: 11,587

Legal Entity Address: 625 State Street

City: Schenectady
State: NY
Zip: 12305

Contact Title: Sales Manager, Medicare
Name: Catherine Mercury

Phone: 1-888-280-6205

Extension:

Fax:

Email: cmercury@mvphealthcare.com

Address: 220 Alexander St

City: Rochester
State: NY
Zip: 14607

Last Updated: 05/21/2015

Legal Entity Name: NETWORK HEALTH INSURANCE CORPORATION
Contract Number: H1181

Organization Marketing Name: Network Health Medicare Advantage Plans
Parent Organization: Ministry Health Care, Inc.

Organization Type: MSA
Plan Type: MSA

Contract Effective Date: 01/01/2015

Tax Status: For Profit

CMS Region Responsible: Denver

Enrollment: 1,054

Legal Entity Address: 1570 Midway Place
P.O. Box 120

City: Menasha
State: WI
Zip: 54952

Contact Title:
Name: Customer Service

Phone: 1-800-378-5234

Extension:

Fax: 1-920-720-1908

Email: sschwand@networkhealth.com

Address: 1570 Midway Place
P.O. Box 120

City: Menasha
State: WI
Zip: 54952

Last Updated: 05/13/2015

Legal Entity Name: NETWORK HEALTH INSURANCE CORPORATION
Contract Number: H5215

Organization Marketing Name: Network Health Medicare Advantage Plans
Parent Organization: Ministry Health Care, Inc.

Organization Type: Local CCP
Plan Type: Local PPO

Contact Title:
Name: Customer Service

Contract Effective Date: 01/01/2005
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 64,024

Legal Entity Address: 1570 MIDWAY PLACE
P.O. Box 120
City: MENASHA
State: WI
Zip: 54952

Phone: 1-800-378-5234
Extension:
Fax: 1-920-720-1908
Email: sschwand@networkhealth.com
Address: 1570 Midway Place
P.O. Box 120
City: Menasha
State: WI
Zip: 54952
Last Updated: 05/13/2015

Legal Entity Name: NEW WEST HEALTH SERVICES Contract
Number: H2701

Organization Marketing Name: New West Health Services Parent
Organization: New West Health Services

Organization Type: Local CCP **Plan Type:** Local
PPO
Contract Effective Date: 06/01/2005
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Denver
Enrollment: 18,082

Legal Entity Address: 130 NEILL AVE
City: HELENA
State: MT
Zip: 59601

Contact Title: VP of Operations and Compliance Officer **Name:** Alissa Beattie
Phone: 1-888-873-8049 **Extension:**
Fax: 1-406-457-2299
Email: Gov_Prgs@nwhp.com **Address:** 130 Neill Avenue
City: Helena
State: MT
Zip: 59601
Last Updated: 12/16/2014

Legal Entity Name: NEWCOURTLAND LIFE PROGRAM **Contract Number:** H9830

Organization Marketing Name: NewCourtland LIFE Program
Parent Organization: New Courtland LIFE Program

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 10/01/2010
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 383

Legal Entity Address: 1845 Walnut Street
12th Floor
City: Philadelphia
State: PA
Zip: 19103

Contact Title: Executive Director
Name: Silvia Boswell
Phone: 1-215-951-4433
Extension:
Fax: 1-215-951-4316
Email: sboswell@newcourtland.org
Address: NewCourtland LIFE Program
6970 Germantown Avenue
City: Philadelphia
State: PA
Zip: 19119
Last Updated: 03/23/2015

Legal Entity Name: NORTH SHORE-LIJ HEALTH PLAN, INC. **Contract Number:** H3129

Organization Marketing Name: North Shore-LIJ Health Plan, Inc.

Parent Organization: North Shore-LI Jewish Health System, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan
HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 41

Legal Entity Address: 2200 Northern Boulevard

Contact Title: Chief Provider Relations and Contracting Officer
Name: Sandra Galian
Phone: 1-516-405-7613
Extension:
Fax:
Email: sgalian@nshs.edu
Address: North Shore-LIJ Health Plan
2200 Northern Boulevard, Suite 104

Suite 104
City: East Hills
State: NY
Zip: 11548

City: East Hills
State: NY
Zip: 11548
Last Updated: 05/19/2015

Legal Entity Name: NORTHLAND PACE PROGRAM
Contract Number: H7195

Organization Marketing Name: Northland PACE Senior Care Services
Parent Organization: Northland Healthcare Alliance

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 08/01/2008
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Denver
Enrollment: 117

Contact Title: President
Name: Tim Cox
Phone: 1-701-250-0709
Extension:
Fax: 1-701-250-0739
Email: tcox@northlandhealth.com
Address: 2223 East Rosser Avenue

Legal Entity Address: 2223 East Rosser Avenue

City: Bismarck
State: ND
Zip: 58501

City: Bismarck
State: ND
Zip: 58501
Last Updated: 05/01/2015

Legal Entity Name: NY HOTEL TRADES COUNCIL & HOTEL ASSOCIATION OF NYC
Contract Number: H6334

Organization Marketing Name: NY Hotel Trades Council and Hotel Assn. of NYC
Parent Organization: NY Hotel Trades Council&Hotel Assn of NYC

Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost
Contract Effective Date: 01/01/1987
Phone: 1-212-586-6400
Tax Status: Not-for-Profit/Non-Profit
Extension:
CMS Region Responsible: New York
Enrollment: 4,342

Contact Title: Compliance Officer, Government Programs
Name: Jordan Beasley
Fax:
Email: jbeasley@hotelfunds.org
Address: 305 West 44th Street

Legal Entity Address: 305 WEST 44TH STREET

City: NEW YORK
State: NY
Zip: 10036

City: New York
State: NY
Zip: 11101
Last Updated: 12/27/2007

Legal Entity Name: OKLAHOMA SUPERIOR SELECT, INC.
Contract Number: H3708

Organization Marketing Name: Tribute Health Plan of Oklahoma
Parent Organization: Healthcare Investors, LLC

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 08/01/2005
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 142

Contact Title: Marketing & Education Director
Name: Doug Shackelford
Phone: 1-501-400-4650
Extension:
Fax: 1-501-372-1932
Email: dshackelford@tributehealthplans.com
Address: 1401 West Capitol Ave, Suite 430

Legal Entity Address: 909 S. Meridian Ave.

Suite 510
City: Oklahoma City
State: OK
Zip: 73108

City: Little Rock
State: AR
Zip: 72201
Last Updated: 01/05/2015

Legal Entity Name: ON LOK SENIOR HEALTH SERVICES
Contract Number: H5403

Organization Marketing Name: On Lok Lifeways
Parent Organization: On Lok, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/01/2003
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 1,262

Legal Entity Address: 1333 BUSH STREET

City: SAN FRANCISCO
State: CA
Zip: 94109

Contact Title: Health Plan Associate
Name: Edward Chung
Phone: 1-415-292-8692
Extension:
Fax: 1-415-292-8745
Email: echung@onlok.org
Address: 1333 Bush Street

City: San Francisco
State: CA
Zip: 94109

Last Updated: 08/31/2010

Legal Entity Name: ONECARE BY CARE1ST HEALTH PLAN ARIZONA INC. **Contract Number:** H5430

Organization Marketing Name: Care1st+

Parent Organization: Care1st Health Plan

Organization Type: Local CCP
Soglio
Contract Effective Date: 09/01/2005
CMS Region Responsible: San Francisco
Enrollment: 1,782

Legal Entity Address: 2355 E. CAMELBACK ROAD, SUITE 300

City: PHOENIX
State: AZ
Zip: 85016

Contact Title: Compliance Officer **Plan Type:** HMO/HMOPOS
Name: Patty Dal
Phone: 1-602-778-8302 **Tax Status:** For Profit
Extension:
Fax:

Email: pdsoglio@care1st.com

Address: 2355 E. Camelback Rd., Ste 300

City: Phoenix

State: AZ

Zip: 85016

Last Updated: 12/18/2012

Legal Entity Name: OPTIMA HEALTH PLAN

Contract Number: H2563

Organization Marketing Name: Optima Medicare

Parent Organization: Sentara Health Care (SHC)

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 1,545

Legal Entity Address: 4417 Corporation lane

City: Virginia Beach
State: VA
Zip: 23462

Contact Title: Medicare Contract
Administrator **Name:** William Miller
Phone: 1-757-687-6251
Extension:
Fax: 1-757-552-7116
Email: bjmillier@sentara.com
Address: 4417 Corporation Lane

City: Virginia Beach

State: VA

Zip: 23462

Last Updated: 01/14/2013

Legal Entity Name: OPTIMUM HEALTHCARE, INC.

Contract Number: H5594

Organization Marketing Name: Optimum HealthCare, Inc.

Parent Organization: America's 1st Choice Holdings of
Florida, LLC

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2007
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 39,302

Contact Title: Sr. VP Operations
Name: Chris O'Connor
Phone: 1-800-401-2740
Extension:
Fax:
Email: cms@americas1stchoice.com
Address: 3707 W. Cherry Street

Legal Entity Address: 5403 N. Church Ave

City: Tampa
State: FL
Zip: 33614

City: Tampa
State: FL
Zip: 33607
Last Updated: 02/19/2015

Legal Entity Name: ORANGE COUNTY HEALTH
AUTHORITY **Contract Number:** H5433

Organization Marketing Name: OneCare

Parent Organization: Orange County Health Authority

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 08/01/2005
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 12,783

Contact Title:
Name: Customer Service
Phone: 1-877-412-2734
Extension:
Fax:
Email: semerzian@caloptima.org
Address: 505 City Parkway West

Legal Entity Address: 505 City Parkway West

City: Orange
State: CA
Zip: 92868

City: Orange
State: CA
Zip: 92868
Last Updated: 02/17/2012

Legal Entity Name: ORANGE COUNTY HEALTH
AUTHORITY **Contract Number:** H7501

Organization Marketing Name: CalOptima PACE

Parent Organization: Orange County Health Authority

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 09/01/2013
Tax Status: Not Applicable
CMS Region Responsible: San Francisco
Enrollment: 65

Contact Title: Director of PACE
Name: Rena Smith
Phone: 1-714-468-1047
Extension:
Fax:
Email: renasmith@caloptima.org
Address: 13300 Garden Grove
Boulevard

Legal Entity Address: 505 City Parkway West

City: Orange
State: CA
Zip: 92868

City: Garden Grove
State: CA
Zip: 92843
Last Updated: 05/23/2015

Legal Entity Name: ORANGE COUNTY HEALTH
AUTHORITY **Contract Number:** H8016

Organization Marketing Name: OneCare Connect

Parent Organization: Orange County Health Authority

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan
HMO/HMOPOS
Contract Effective Date: 07/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 2,096

Contact Title:
Name: Customer Service
Phone: 1-855-705-8823
Extension:
Fax:
Email: semerzian@caloptima.org
Address: 505 City Parkway West

Legal Entity Address: 505 City Parkway West

City: Orange
State: CA
Zip: 92868

City: Orange
State: CA
Zip: 92868
Last Updated: 03/04/2014

Legal Entity Name: OXFORD HEALTH PLANS (CT), INC. Contract Number: H0755 Organization Marketing Name: UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 12/01/1996 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 37,357 Legal Entity Address: 48 Monroe Turnpike City: Trumbull State: CT Zip: 061115031	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/14/2011
Legal Entity Name: OXFORD HEALTH PLANS (NJ), INC. Contract Number: H3107 Organization Marketing Name: UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 10/01/1991 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 76,778 Legal Entity Address: 48 Monroe Turnpike City: Trumbull State: CT Zip: 06611	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 06/13/2011
Legal Entity Name: OXFORD HEALTH PLANS (NJ), INC. Contract Number: H3113 Organization Marketing Name: UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 5,856 Legal Entity Address: 44 SOUTH BROADWAY City: WHITE PLAINS State: NY Zip: 10601	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
Legal Entity Name: OXFORD HEALTH PLANS (NY), INC. Contract Number: H3307 Organization Marketing Name: UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/01/1991
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 72,029

Legal Entity Address: 48 Monroe Turnpike

City: Trumbull
State: CT
Zip: 06611

Contact Title:
Name: Customer Service
Phone: 1-877-842-3210
Extension: **Fax:**
Email: cs_evercare@uhc.com
Address: P.O. Box 29675

City: Hot Springs
State: AR
Zip: 71903
Last Updated: 06/13/2011

Legal Entity Name: PACE @ HOME, INC.

Contract Number: H4326

Organization Marketing Name: PACE@Home

Parent Organization: PACE @ Home

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 12/01/2011
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 100

Legal Entity Address: 1915 Fairgrove Church Road SE

City: Newton
State: NC
Zip: 28658

Contact Title: Program Director
Name: Emily Jones
Phone: 1-828-468-3980
Extension:
Fax: 1-828-464-2845
Email: ejones@pace-at-home.org
Address: 1915 Fairgrove Church Rd. SE

City: Newton
State: NC
Zip: 28658
Last Updated: 03/12/2015

Legal Entity Name: PACE GREATER NEW ORLEANS
Contract Number: H1904

Organization Marketing Name: Pace Greater New Orleans

Parent Organization: Catholic Charities Archdiocese of New Orleans

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 09/01/2007
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Dallas
Enrollment: 147

Legal Entity Address: 4201 N. Rampart Street

City: NEW ORLEANS
State: LA
Zip: 70117

Contact Title: Decision Support Manager
Name: Kurt Wootan
Phone: 1-504-945-1531
Extension:
Fax:
Email: kwootan@ccano.org
Address: 4201 N RAMPART ST

City: NEW ORLEANS
State: LA
Zip: 70117
Last Updated: 08/24/2012

Legal Entity Name: PACE IOWA

Contract Number: H0216

Organization Marketing Name: Immanuel Pathways Iowa
Parent Organization: Immanuel

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 01/01/2012
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Kansas City
Enrollment: 116

Contact Title: VP of Home and Community Resources
Name: Jill Nyquist
Phone: 1-402-829-3204
Extension:
Fax: 1-402-829-2998
Email: jnyquist@immanuelpathways.org
Address: 1044 North 115th Street, Suite 500

Legal Entity Address: 1702 North 16th Street

City: Council Bluffs
State: IA
Zip: 51501

City: Omaha
State: NE
Zip: 68154
Last Updated: 06/26/2015

Legal Entity Name: PACE NEBRASKA
Contract Number: H7003

Organization Marketing Name: Immanuel Pathways Omaha
Parent Organization: Immanuel

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 03/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Kansas City
Enrollment: 97

Contact Title: VP of Home and Community Resources
Name: Jill Nyquist
Phone: 1-402-829-3204
Extension:
Fax: 1-402-829-2998
Email: jnyquist@immanuelpathways.org **Address:** 1044 North 115th Street, Suite 500

Legal Entity Address: 5755 Sorensen Parkway

City: Omaha
State: NE
Zip: 68152

City: Omaha
State: NE
Zip: 68154
Last Updated: 06/26/2015

Legal Entity Name: PACE OF GUILFORD AND ROCKINGHAM COUNTIES, INC. **Contract Number:** H6059

Organization Marketing Name: PACE OF THE TRIAD

Parent Organization: PACE of Guilford and Rockingham Counties, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 06/01/2011
CMS Region Responsible: Atlanta
Enrollment: 159

Contact Title: Outreach Coordinator
Name: Nedra Baldwin
Phone: 1-336-550-4040 **Tax Status:** Not-for-Profit/Non-Profit
Extension:
Fax: 1-336-550-4044
Email: Nedra.Baldwin@pacetriad.org
Address: 1471 East Cone Blvd

Legal Entity Address: 1471 E. Cone Blvd

City: Greensboro
State: NC
Zip: 27405

City: Greensboro
State: NC
Zip: 27405
Last Updated: 06/06/2013

Legal Entity Name: PACE OF SOUTHWEST MICHIGAN, INC. **Contract Number:** H0390

Organization Marketing Name: PACE of Southwest Michigan

Parent Organization: PACE of Southwest Michigan, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 08/01/2012
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 141

Contact Title: Executive Director
Name: Therese Saggau
Phone: 1-269-982-7767
Extension:
Fax:
Email: theresesaggau@areaagencyonaging.org
Address: 2900 Lakeview Avenue

Legal Entity Address: 2900 Lakeview Avenue

City: St. Joseph
State: MI
Zip: 49085

City: St Joseph
State: MI
Zip: 49085
Last Updated: 03/20/2012

Legal Entity Name: PACE OF THE SOUTHERN PIEDMONT, INC. **Contract Number:** H4714

Organization Marketing Name: PACE of the Southern Piedmont, Inc. **Parent Organization:** PACE of the Southern Piedmont, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 05/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 102

Legal Entity Address: 6133 The Plaza

City: Charlotte
State: NC
Zip: 28215

Contact Title:
Name: Toni Maddox
Phone: 1-704-887-3840
Extension: 3858
Fax: 1-704-887-3844
Email: toni.maddox@pacesp.com
Address: 6133 The Plaza

City: Charlotte
State: NC
Zip: 28215

Last Updated: 06/01/2015

Legal Entity Name: PACE ORGANIZATION OF RHODE ISLAND **Contract Number:** H4105

Organization Marketing Name: Pace Organization Of Rhode Island

Parent Organization: PACE Organization of Rhode Island

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 12/01/2005
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 260

Legal Entity Address: 225 CHAPMAN STREET

City: PROVIDENCE
State: RI
Zip: 02905

Contact Title: CEO
Name: Joan L Kwiatkowski
Phone: 1-401-490-6566
Extension:
Fax: 1-401-490-6537
Email: jkwiatkowski@carelink-ri.com
Address: 225 Chapman Street, Box 7

City: Providence
State: RI
Zip: 02905

Last Updated: 04/16/2009

Legal Entity Name: PACIFICARE OF COLORADO, INC
Contract Number: H0609

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 07/01/1986
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 100,171

Legal Entity Address: 6455 YOSEMITE STREET

City: GREENWOOD VILLAG
State: CO
Zip: 80111

Contact Title:
Name: Customer Service
Phone: 1-877-842-3210
Extension:
Fax:
Email: cs_evercare@uhc.com **Address:** P.O. Box 29675

City: Hot Springs
State: AR
Zip: 71903

Last Updated: 12/21/2012

Legal Entity Name: PACIFICSOURCE COMMUNITY HEALTH PLANS **Contract Number:** H3864

Organization Marketing Name: PacificSource Medicare

Parent Organization: PacificSource Health Plans

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/1999
Tax Status: Not-for-Profit/Non-Profit

Contact Title: Medicare Marketing Manager
Name: Brad Westphal
Phone: 1-541-385-5315
Extension:

CMS Region Responsible: Seattle
Enrollment: 24,448

Fax: 1-541-385-3008
Email: bwestphal@pacificsource.com
Address: 2965 NE Conners Ave.

Legal Entity Address: 2965 NE Conners Ave.

City: BEND
State: OR
Zip: 97701

City: Bend
State: OR
Zip: 97701
Last Updated: 06/09/2011

Legal Entity Name: PACIFICSOURCE COMMUNITY
HEALTH PLANS **Contract Number:** H4754

Organization Marketing Name: PacificSource Medicare

Parent Organization: PacificSource Health Plans

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2010
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Seattle
Enrollment: 9,241

Contact Title: Medicare Marketing Manager
Name: Brad Westphal
Phone: 1-541-385-5315
Extension:
Fax: 1-541-385-3008
Email: bwestphal@pacificsource.com
Address: 2965 NE Conners Ave.

Legal Entity Address: 2965 NE Conners Ave.

City: Bend
State: OR
Zip: 97701

City: Bend
State: OR
Zip: 97701
Last Updated: 06/09/2011

Legal Entity Name: PALMETTO HEALTH ALLIANCE
Contract Number: H4203

Organization Marketing Name: Palmetto SeniorCare PACE

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: 279

Contact Title: Planning and Marketing Coordinator **Name:**
Jacqueline Chappell
Phone: 1-803-434-3770 **Extension:**
Fax: 1-803-434-3773
Email: jacqueline.chappell@palmettohealth.org
Address: 15 Richland Medical Park Drive
Suite 203
City: Columbia
State: SC
Zip: 29203
Last Updated: 02/28/2013

Legal Entity Address: 15 Richland Medical Park Drive
Suite 203
City: COLUMBIA
State: SC
Zip: 29203

Legal Entity Name: PARAMOUNT CARE, INC.
Contract Number: H3653

Organization Marketing Name: Paramount Elite

Parent Organization: Promedica Health System

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 02/01/1995
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 15,080

Contact Title: Member Services Dept.
Name: Member Services
Phone: 1-800-462-3589
Extension:
Fax: 1-419-887-2047
Email: paramounthealthcare@promedica.org
Address: 1901 Indian Wood Circle
P.O. Box 928, Toledo, Ohio 43697
City: Maumee
State: OH
Zip: 43537
Last Updated: 03/14/2013

Legal Entity Address: 1901 INDIAN WOOD
CIRCLE
P.O. Box 928, Toledo, Ohio
43697
City: Maumee
State: OH
Zip: 43537

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

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Seattle Enrollment: 134	Contact Title: VP, Medicare Operations Name: Dietrick Williams Phone: 1-678-556-2303 Extension: Fax: Email: diewilliams@centene.com Address: 3200 Highlands Parkway SE Suite 300 City: Smyrna State: GA Zip: 30082 Last Updated: 11/13/2014
Legal Entity Address: 1100 Circle 75 Parkway Suite 1100 City: Atlanta State: GA Zip: 30339	

Legal Entity Name: PENNSYLVANIA PACE, INC. **Contract Number:** H3925
Organization Marketing Name: Senior LIFE Johnstown
Parent Organization: Pennsylvania PACE, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2007 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 178	Contact Title: Chief Executive Officer Name: Mark Irwin Phone: 1-814-535-6000 Extension: 101 Fax: 1-814-248-7902 Email: Mirwin@grane.com Address: 401 Broad Street City: Johnstown State: PA Zip: 15906 Last Updated: 02/16/2010
Legal Entity Address: 209 Sigma Drive City: Pittsburgh State: PA Zip: 15238	

Legal Entity Name: PEOPLES HEALTH, INC.
Contract Number: H1961
Organization Marketing Name: Peoples Health
Parent Organization: PH Holdings, LLC

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1997 Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 53,792	Contact Title: Director Provider Relations Name: Meghan Courtney Phone: 1-504-849-4500 Extension: 8812 Fax: 1-504-849-6916 Email: meghan.courtney@peopleshealth.com Address: Three Lakeway Center 3838 N Causeway Blvd, Suite 2200 City: Metairie State: LA Zip: 70002 Last Updated: 02/21/2011
Legal Entity Address: Three Lakeway Center 3838 N Causeway Blvd., Suite 2200 City: Metairie State: LA Zip: 70002	

Legal Entity Name: PHOENIX HEALTH PLANS, INC.
Contract Number: H5985
Organization Marketing Name: Phoenix Health Plans
Parent Organization: Tenet Healthcare Corporation

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Dallas	Contact Title: Member Services Department Name: Member Services Phone: 1-602-824-3900 Extension: Fax:
---	--

<p>Enrollment: 12,717</p> <p>Legal Entity Address: 7878 N. 16th St. Suite 105 City: Phoenix State: AZ Zip: 85020</p>	<p>Email: phpmemberservices@abrazohealth.com Address: 7878 N. 16th St. Suite 105 City: Phoenix State: AZ Zip: 85020 Last Updated: 12/14/2011</p>
<p>Legal Entity Name: PHYSICIANS HEALTH CHOICE OF TEXAS LLC Contract Number: H4527</p> <p>Organization Marketing Name: PHYSICIANS HEALTH CHOICE Parent Organization: UnitedHealth Group, Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 27,483</p> <p>Legal Entity Address: 8637 FREDERICKSBURG ROAD, SUITE 360 City: SAN ANTONIO State: TX Zip: 78240</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: 04/09/2014</p>
<p>Legal Entity Name: PIEDMONT COMMUNITY HEALTHCARE, INC. Contract Number: H1659</p> <p>Organization Marketing Name: Piedmont Medicare Advantage Parent Organization: Piedmont Community Health Plan</p>	
<p>Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2011 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 4,660</p> <p>Legal Entity Address: 2316 Atherholt Road City: Lynchburg State: VA Zip: 24501</p>	<p>Contact Title: Medicare Advantage Product Manager Name: Lorie H Beneke Phone: 1-434-947-3671 Extension: 314 Fax: Email: lbeneke@pchp.net Address: 2316 Atherholt Road City: Lynchburg State: VA Zip: 24501 Last Updated: 10/21/2013</p>
<p>Legal Entity Name: PIEDMONT HEALTH SERVICES, INC. Contract Number: H9266</p> <p>Organization Marketing Name: Piedmont Health SeniorCare Parent Organization: PIEDMONT HEALTH SERVICES, INC.</p>	
<p>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: 207</p> <p>Legal Entity Address: 1214 Vaughn Road City: Burlington State: NC Zip: 27217</p>	<p>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</p>

Legal Entity Name: PITTSBURGH CARE PARTNERSHIP, INC. Contract Number: H3917 Organization Marketing Name: Community LIFE Parent Organization: UPMC Health System	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2004 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 508 Legal Entity Address: 2400 ARDMORE BOULEVARD, SUITE 700 City: PITTSBURGH State: PA Zip: 15221	Contact Title: DIRECTOR OF MARKETING AND PUBLIC RELATIONS Name: STACI KACZKOWSKI Phone: 1-412-436-1338 Extension: Fax: 1-412-235-1347 Email: kaczkowskiS@upmc.edu Address: SUITE # 700 2400 ARDMORE BOULEVARD City: PITTSBURGH State: PA Zip: 15221 Last Updated: 05/04/2012
Legal Entity Name: PMC MEDICARE CHOICE, LLC Contract Number: H4004 Organization Marketing Name: PMC Medicare Choice Parent Organization: InnovaCare Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2004 Tax Status: For Profit CMS Region Responsible: New York Enrollment: 27,393 Legal Entity Address: 350 Chardón Avenue Suite 500, Torre Chardón City: San Juan State: PR Zip: 009182137	Contact Title: AVP Enrollment and Membership Accounting Name: Yamile Suarez Phone: 1-787-622-3000 Extension: 1745 Fax: 1-787-999-2199 Email: Yamile.Suarez@mmmhc.com Address: 350 Avenida Chardón Torre Chardón, Suite 500 City: San Juan State: PR Zip: 00918-2137 Last Updated: 12/30/2013
Legal Entity Name: PREFERRED CARE PARTNERS, INC. Contract Number: H1045 Organization Marketing Name: Preferred Care Partners, Inc. Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2002 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 56,822 Legal Entity Address: 9100 SOUTH DADELAND BLVD. SUITE 1250 City: MIAMI State: FL Zip: 33156	Contact Title: Compliance Officer Name: Annette C Onorati Phone: 1-305-670-8438 Extension: 1225 Fax: 1-305-670-4529 Email: annette_onorati@uhc.com Address: 9100 South Dadeland Blvd Suite 1250 City: Miami State: FL Zip: 33156 Last Updated: 04/23/2014
Legal Entity Name: PREMIERA BLUE CROSS Contract Number: H7245 Organization Marketing Name: Premiera Blue Cross Medicare Advantage Parent Organization: Premiera	

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Seattle
Enrollment: 25,773

Legal Entity Address: 7001 220th St SW

City: Mountlake Terrace
State: WA
Zip: 98043

Contact Title:

Name: Customer Service
Phone: 1-888-850-8526
Extension: **Fax:**
Email: christine.hastings@premera.com
Address: PO Box 4196

City: Portland
State: OR
Zip: 97208
Last Updated: 01/14/2015

Legal Entity Name: PREMIER HEALTH INSURING CORPORATION
Contract Number: H3233

Organization Marketing Name: Premier Health Plan

Parent Organization: Premier Health Partners

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 7,456

Legal Entity Address: 110 N Main Street

Suite 1200
City: Dayton
State: OH
Zip: 45402

Contact Title:

Name: Kelli Tittle
Phone: 1-855-572-2161
Extension:
Fax:
Email: KSTittle@premierhealth.com

Address: 110 North Main Street
Suite 1200

City: Dayton
State: OH
Zip: 45402
Last Updated: 05/18/2015

Legal Entity Name: PRESBYTERIAN HEALTH PLAN
Contract Number: H3204

Organization Marketing Name: Presbyterian Senior Care (HMO)

Parent Organization: Presbyterian Healthcare Services

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 04/01/1986
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 33,692

Legal Entity Address: 9521 San Mateo Blvd. NE
P.O. Box 27489

City: Albuquerque
State: NM
Zip: 87113

Contact Title: Presbyterian Customer Service Center

Name: PCSC Provider Care Unit
Phone: 1-505-923-5757
Extension:
Fax: 1-505-923-5124
Email: info@phs.org
Address: P.O. Box 27489

9521 San Mateo Blvd NE - Coop

City: Albuquerque
State: NM
Zip: 87113
Last Updated: 11/14/2014

Legal Entity Name: PRESBYTERIAN INSURANCE COMPANY, INC.
Contract Number: H3206

Organization Marketing Name: Presbyterian MediCare PPO

Parent Organization: Presbyterian Healthcare Services

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 07/01/2005
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 8,593

Legal Entity Address: P.O. Box 27489
9521 San Mateo Blvd. NE

City: Albuquerque

Contact Title: Presbyterian Customer Service Center

Name: PCSC Provider Care Unit
Phone: 1-505-923-5757
Extension:
Fax: 1-505-923-5124

Email: info@phs.org
Address: P.O. Box 27489

9521 San Mateo Blvd NE - Coop
City: Albuquerque
State: NM

State: NM	Zip: 87113
Zip: 87113	Last Updated: 11/14/2014
Legal Entity Name: PRIMEWEST CTRL COUNTY-BASED PURCHASING INITIATIVE Contract Number: H2416	
Organization Marketing Name: PrimeWest Health	
Parent Organization: PrimeWest Central County-Based Purchasing Initiati	
Organization Type: Local CCP	Contact Title: Director of Communications
Plan Type: HMO/HMOPOS	Name: Beth Hendrickson
Contract Effective Date: 07/01/2005	Phone: 1-320-335-5338 Tax Status: Not-for-Profit/Non-Profit
Extension:	
CMS Region Responsible: Chicago	Fax: 1-320-762-8750
Enrollment: 1,931	Email: beth.hendrickson@primewest.org
Legal Entity Address: 3905 DAKOTA ST	Address: PrimeWest Health 3905 Dakota St
	City: Alexandria
City: ALEXANDRIA	State: MN
State: MN	Zip: 56308
Zip: 56308	Last Updated: 03/23/2015

Legal Entity Name: PRIMEWEST CTRL COUNTY-BASED PURCHASING INITIATIVE Contract Number: H2926	
Organization Marketing Name: PrimeWest Health	
Parent Organization: PrimeWest Central County-Based Purchasing Initiati	
Organization Type: Local CCP	Contact Title: Director of Communications
Plan Type: HMO/HMOPOS	Name: Beth Hendrickson
Contract Effective Date: 01/01/2008	Phone: 1-320-335-5338 Tax Status: Not-for-Profit/Non-Profit Extension:
CMS Region Responsible: Chicago	Fax: 1-320-762-8750
Enrollment: 256	Email: beth.hendrickson@primewest.org
Legal Entity Address: 3905 Dakota St	Address: PrimeWest Health 3905 Dakota St
	City: Alexandria
City: Alexandria	State: MN
State: MN	Zip: 56308
Zip: 56308	Last Updated: 03/23/2015

Legal Entity Name: PRIORITY HEALTH	
Contract Number: H2320	
Organization Marketing Name: Priority Health Medicare	
Parent Organization: Spectrum Health System	
Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Customer Service
Contract Effective Date: 07/01/2005	Phone: 1-888-389-6648
Tax Status: Not-for-Profit/Non-Profit	Extension:
CMS Region Responsible: Chicago	Fax:
Enrollment: 81,624	Email: CSEmail-Incoming@priorityhealth.com
Legal Entity Address: 1231 EAST BELTLINE AVE N.E.	Address: 1231 East Beltline Ave NE
	City: Grand Rapids
City: GRAND RAPIDS	State: MI
State: MI	Zip: 49525
Zip: 49525	Last Updated: 08/21/2006

Legal Entity Name: PRIORITY HEALTH	
Contract Number: H4875	
Organization Marketing Name: Priority Health Medicare	
Parent Organization: Spectrum Health System	
Organization Type: Local CCP	Contact Title:
Plan Type: Local PPO	Name: Customer Service
Contract Effective Date: 01/01/2010	Phone: 1-888-389-6648

<p>Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 18,214</p> <p>Legal Entity Address: 1231 E. Beltline Ave. NE</p> <p>City: Grand Rapids State: MI Zip: 49525</p>	<p>Extension: Fax: Email: CSEmail-Incoming@priorityhealth.com Address: 1231 East Beltline Ave NE</p> <p>City: Grand Rapids State: MI Zip: 49525 Last Updated: 12/03/2008</p>
<p>Legal Entity Name: PROMINENCE HEALTHFIRST Contract Number: H5945</p> <p>Organization Marketing Name: Prominence Health Plan Parent Organization: Universal Health Services, Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,726</p> <p>Legal Entity Address: 1510 Meadow Wood Lane</p> <p>City: Reno State: NV Zip: 89502</p>	<p>Contact Title: Federal and State Medicare Compliance Auditor Name: Tracy Croxon Phone: 1-775-770-9236 Extension: Fax: Email: tracy.croxon@uhsinc.com Address: 1510 Meadow Wood Ln</p> <p>City: Reno State: NV Zip: 89502 Last Updated: 01/06/2015</p>

<p>Legal Entity Name: PROMINENCE HEALTHFIRST OF TEXAS Contract Number: H7680</p> <p>Organization Marketing Name: Prominence Health Plan Parent Organization: Universal Health Services, Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 459</p> <p>Legal Entity Address: 1510 Meadow Wood Lane</p> <p>City: Reno State: NV Zip: 89502</p>	<p>Contact Title: Federal and State Medicare Compliance Auditor Name: Tracy Croxon Phone: 1-775-770-9236 Extension: Fax: Email: tracy.croxon@uhsinc.com Address: 1510 Meadow Wood Ln</p> <p>City: Reno State: NV Zip: 89502 Last Updated: 01/06/2015</p>

<p>Legal Entity Name: PROVIDENCE HEALTH & SERVICES - OREGON Contract Number: H3809</p> <p>Organization Marketing Name: Providence ElderPlace Portland Parent Organization: Providence Health & Services</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: Seattle Enrollment: 1,074</p> <p>Legal Entity Address: 4531 SE Belmont Suite 100 City: PORTLAND State: OR Zip: 97215</p>	<p>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</p>

Legal Entity Name: PROVIDENCE HEALTH PLAN Contract
Number: H9047
Organization Marketing Name: Providence Health Plans
Parent Organization: Providence Health & Services

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 12/01/1985 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 47,804	Contact Title: Senior Manager, Medicare Compliance Program Name: Keri Steege Phone: 1-503-574-6437 Extension: Fax: 1-503-574-6543 Email: keri.steege@providence.org Address: 3601 SW Murray Blvd. Suite 10 City: Beaverton State: OR Zip: 97005 Last Updated: 08/01/2014
Legal Entity Address: 3601 SW MURRAY BLVD. SUITE 10 City: BEAVERTON State: OR Zip: 97005	

Legal Entity Name: PROVIDENCE HEALTH SYSTEM Contract Number: H5007
Organization Marketing Name: Providence Health System
Parent Organization: Providence Health & Services

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 11/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 496	Contact Title: Mgr Admin and Support Svcs Name: Velaa Chinn Phone: 1-206-320-5325 Extension: Fax: 1-206-760-6339 Email: velaa.chinn@providence.org Address: 4515 Martin Luther King Jr. Way S. Ste. 100 City: Seattle State: WA Zip: 98108 Last Updated: 08/10/2015
Legal Entity Address: 4515 MARTIN LUTHER KING JR.WAY SOUTH STE 10 City: SEATTLE State: WA Zip: 98108	

Legal Entity Name: QCC INSURANCE COMPANY
Contract Number: H3909
Organization Marketing Name: Personal Choice 65 PPO
Parent Organization: Independence Health Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2002 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 9,032	Contact Title: Name: Customer Service Phone: 1-888-718-3333 Extension: Fax: Email: info@ibxmedicare.com Address: PO Box 7799 City: Philadelphia State: PA Zip: 19101-7799 Last Updated: 04/29/2015
Legal Entity Address: 1901 MARKET STREET 35TH FLOOR City: PHILADELPHIA State: PA Zip: 191031480	

Legal Entity Name: QUALITY HEALTH PLANS OF NEW YORK, INC. Contract Number: H2773
Organization Marketing Name: QUALITY HEALTH PLANS
Parent Organization: QHP Financial Group, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2010 Tax Status: For Profit CMS Region Responsible: New York	Contact Title: Compliance Officer Name: Monique Slater Phone: 1-631-403-4265 Extension: 119 Fax: 1-631-403-4266
---	--

Enrollment: 717

Email: cdgroupny@qualityhealthplansny.com
Address: 2805 Veterans Memorial Highway,
Suite 17

Legal Entity Address: 2805 Veterans Memorial Highway,
Suite 17

City: Ronkonkoma
State: NY
Zip: 11779

City: Ronkonkoma
State: NY
Zip: 11779

Last Updated: 10/22/2014

Legal Entity Name: REGENCE BLUE SHIELD OF IDAHO

Contract Number: H1304

Organization Marketing Name: Regence BlueShield Of Idaho

Parent Organization: Cambia Health Solutions, Inc.

Organization Type: Local CCP

Plan Type: Local PPO

Contract Effective Date: 07/01/2005

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Seattle

Enrollment: 7,966

Legal Entity Address: 200 SW Market St

City: Portland
State: OR
Zip: 97201

Contact Title:

Name: Customer Service

Phone: 1-877-508-7362

Extension:

Fax:

Email: susan.johnson@regence.com **Address:**
PO Box 12625

City: Salem

State: OR

Zip: 97309-0625

Last Updated: 03/03/2011

Legal Entity Name: REGENCE BLUE SHIELD OF IDAHO

Contract Number: H1969

Organization Marketing Name: Regence BlueShield of Idaho

Parent Organization: Cambia Health Solutions, Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/2015

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Seattle

Enrollment: 1,280

Legal Entity Address: 200 SW Market St

City: Portland
State: OR
Zip: 97201

Contact Title:

Name: Customer Service

Phone: 1-877-508-7362

Extension: **Fax:**

Email: susan.johnson@regence.com

Address: PO Box 12625

City: Salem

State: OR

Zip: 97309-0625

Last Updated: 01/27/2014

Legal Entity Name: REGENCE BLUECROSS BLUESHIELD
OF OREGON **Contract Number:** H3817

Organization Marketing Name: Regence BlueCross BlueShield of
Oregon **Parent Organization:** Cambia Health Solutions,
Inc.

Organization Type: Local CCP

Plan Type: Local PPO

Contract Effective Date: 07/01/2005

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Seattle

Enrollment: 64,425

Legal Entity Address: 200 SW Market St

City: Portland
State: OR
Zip: 97201

Contact Title:

Name: Customer Service

Phone: 1-877-508-7362

Extension:

Fax:

Email: susan.johnson@regence.com

Address: PO Box 12625

City: Salem

State: OR

Zip: 97309-0625

Last Updated: 03/03/2011

Legal Entity Name: REGENCE BLUECROSS BLUESHIELD
OF OREGON **Contract Number:** H6237
Organization Marketing Name: Regence BlueCross BlueShield of Oregon **Parent Organization:** Cambia Health Solutions, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 2,285 Legal Entity Address: 200 SW Market St City: Portland State: OR Zip: 97201	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 01/07/2013
--	--

Legal Entity Name: REGENCE BLUECROSS BLUESHIELD
OF UTAH **Contract Number:** H4605
Organization Marketing Name: Regence BlueCross BlueShield of Utah **Parent Organization:** Cambia Health Solutions, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 12,335 Legal Entity Address: 200 SW Market St City: Portland State: OR Zip: 97201	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 03/03/2011
--	--

Legal Entity Name: REGENCE BLUECROSS BLUESHIELD
OF UTAH **Contract Number:** H9110
Organization Marketing Name: Regence BlueCross BlueShield of Utah **Parent Organization:** Cambia Health Solutions, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 1,549 Legal Entity Address: 200 SW Market St City: Portland State: OR Zip: 97201	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625 City: Salem State: OR Zip: 97309-0625 Last Updated: 01/07/2013
--	---

Legal Entity Name: REGENCE BLUESHIELD
Contract Number: H1997
Organization Marketing Name: Regence BlueShield
Parent Organization: Cambia Health Solutions, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle	Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax:
---	--

<p>Enrollment: 1,505</p> <p>Legal Entity Address: 200 SW Market St</p> <p>City: Portland State: OR Zip: 97201</p>	<p>Email: susan.johnson@regence.com Address: PO Box 12625</p> <p>City: Salem State: OR Zip: 97309-0625 Last Updated: 01/07/2013</p>
<p>Legal Entity Name: REGENCE BLUESHIELD Contract Number: H5009</p> <p>Organization Marketing Name: Regence BlueShield Parent Organization: Cambia Health Solutions, Inc.</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: 29,454</p> <p>Legal Entity Address: 200 SW Market St</p> <p>City: Portland State: OR Zip: 97201</p>	<p>Contact Title: Name: Customer Service Phone: 1-877-508-7362 Extension: Fax: Email: susan.johnson@regence.com Address: PO Box 12625</p> <p>City: Salem State: OR Zip: 97309-0625 Last Updated: 03/03/2011</p>
<p>Legal Entity Name: RIVERLINK HEALTH Contract Number: H9208</p> <p>Organization Marketing Name: RiverLink Health Parent Organization: Catholic Health Initiatives</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 1,062</p> <p>Legal Entity Address: 619 Oak St</p> <p>City: Cincinnati State: OH Zip: 45206</p>	<p>Contact Title: VP, Medicare Advantage Sales & Marketing Name: Kim Heuss Phone: 1-253-345-5555 Extension: 4305 Fax: 1-253-779-8829 Email: Kim.Heuss@prominencehealth.com Address: 32129 Weyerhaeuser Way S., Suite 201</p> <p>City: Federal Way State: WA Zip: 98001 Last Updated: 02/25/2015</p>
<p>Legal Entity Name: RIVERSIDE RETIREMENT SERVICES, INC. Contract Number: H8655</p> <p>Organization Marketing Name: Riverside PACE Parent Organization: Riverside Healthcare Association</p>	
<p>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: 494</p> <p>Legal Entity Address: 1020 Old Denbigh Blvd.</p> <p>City: Newport News State: VA Zip: 23602</p>	<p>Contact Title: Business Manager Name: Courtney Berg Phone: 1-757-234-8433 Extension: Fax: 1-757-369-8812 Email: courtney.berg@rivhs.com Address: 439 Oriana Road Suite B</p> <p>City: Newport News State: VA Zip: 23608 Last Updated: 12/20/2013</p>

Legal Entity Name: ROCKY MOUNTAIN HEALTH CARE SERVICES Contract Number: H5167 Organization Marketing Name: Rocky Mountain PACE Parent Organization: Rocky Mountain Health Care Services			
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 12/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 248 Legal Entity Address: 2335 Robinson Street City: Colorado Springs State: CO Zip: 80904	Contact Title: VP Name: Kris Abbott Phone: 1-719-314-2327 Extension: 335 Fax: 1-719-314-2339 Email: kabbott@rmhcare.org Address: 3225 Robinson St City: Colorado Springs State: CO Zip: 80904 Last Updated: 12/06/2014		
Legal Entity Name: ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION Contract Number: H0602 Organization Marketing Name: Rocky Mountain Health Plans Parent Organization: Rocky Mountain HMO, Inc.			
Organization Type: 1876 Cost Plan Type: 1876 Cost Contract Effective Date: 11/01/1977 CMS Region Responsible: Denver Enrollment: 24,292 CROSSROADS BLVD City: GRAND JUNCTION State: CO Zip: 81506	Contact Title: Name: Customer Service Phone: 1-970-243-7050 Tax Status: Not-for-Profit/Non-Profit Fax: Email: customerservice@rmhp.org Address: PO Box 10600 Legal Entity Address: 2775 City: Grand Junction State: CO Zip: 81506 Last Updated: 04/12/2013		
Legal Entity Name: SAMARITAN HEALTH PLANS, INC. Contract Number: H3811 Organization Marketing Name: Samaritan Advantage Health Plan Parent Organization: Samaritan Health Services			
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 06/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Seattle Enrollment: 4,882 Legal Entity Address: 815 NW 9TH STREET, SUITE 103 3600 NW Samaritan Dr. City: CORVALLIS State: OR Zip: 97330	Contact Title: Manager of Marketing Name: Cristie Lynch Phone: 1-541-768-4552 Extension: Fax: 1-541-768-4294 Email: shpocompliance@samhealth.org Address: 815 NW 9th Street Suite 101 City: Corvallis State: OR Zip: 97330 Last Updated: 01/22/2015		
Legal Entity Name: SAN MATEO HEALTH COMMISSION Contract Number: H5428 Organization Marketing Name: Health Plan of San Mateo Parent Organization: Health Plan of San Mateo			
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 776	Contact Title: Name: CareAdvntg Unit Phone: 1-866-880-0606 Extension: Fax: Email: careadvantage@hpsm.org Address: 701 Gateway Blvd., Suite 400		

Legal Entity Address: 701 GATEWAY BLVD., SUITE 400

City: SOUTH SAN FRANCISCO
State: CA
Zip: 94080

City: South San Francisco
State: CA
Zip: 94080
Last Updated: 08/18/2006

Legal Entity Name: SAN MATEO HEALTH COMMISSION

Contract Number: H7885

Organization Marketing Name: Health Plan of San Mateo

Parent Organization: Health Plan of San Mateo

Organization Type: Demo

Plan Type: Medicare-Medicaid Plan
HMO/HMOPOS

Contract Effective Date: 04/01/2014

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: San Francisco

Enrollment: 9,936

Legal Entity Address: 701 Gateway Blvd.

Suite 400

City: South San Francisco

State: CA

Zip: 94080

Contact Title:

Name: CareAdvntg Unit

Phone: 1-866-880-0606

Extension:

Fax:

Email: careadvantage@hpsm.org

Address: 701 Gateway Blvd., Suite 400

City: South San Francisco

State: CA

Zip: 94080

Last Updated: 04/16/2012

Legal Entity Name: SAN YSIDRO HEALTH CENTER

Contract Number: H9616

Organization Marketing Name: San Diego PACE

Parent Organization: Centro de Salud de la Comunidad de
San Ysidro

Organization Type: National PACE

Plan Type: National PACE

Contract Effective Date: 04/01/2015

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: San Francisco

Enrollment: 28

Legal Entity Address: 1275 30th Street

City: San Diego

State: CA

Zip: 92154

Contact Title: Vice President of Senior Health Services

Name: Rosana Scolari

Phone: 1-619-662-4100

Extension: 4192

Fax:

Email: Rscolari@SYHC.org

Address: 1275 30th Street

City: San Diego

State: CA

Zip: 92154

Last Updated: 01/14/2015

Legal Entity Name: SANFORD HEART OF AMERICA

HEALTH PLAN **Contract Number:** H3503

Organization Marketing Name: Sanford Heart of America

Health Plan **Parent Organization:** Sanford Health Plan

Organization Type: 1876 Cost

Plan Type: 1876 Cost

Contract Effective Date: 01/01/1984

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Denver

Enrollment: 324

Legal Entity Address: 300 Cherapa Place, #201

PO Box 91110

City: Sioux Falls

State: SD

Zip: 57109

Contact Title: Director of Planning & Regulation

Name: Lisa M Carlson

Phone: 1-605-328-6859

Extension:

Fax: 1-605-328-6811

Email: Lisa.m.carlson@sanfordhealth.org

Address: 300 Cherapa Place, Suite 201

PO Box 91110

City: Sioux Falls

State: SD

Zip: 57109-1110

Last Updated: 02/03/2014

Legal Entity Name: SANTA CLARA COUNTY HEALTH

AUTHORITY **Contract Number:** H7890

Organization Marketing Name: Santa Clara Family Health Plan Cal
MediConnect

Parent Organization: SANTA CLARA COUNTY HEALTH
AUTHORITY

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan
HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 7,973

Legal Entity Address: 210 E. Hacienda Avenue

City: Campbell
State: CA
Zip: 95008

Contact Title:
Name: Member Services
Phone: 1-877-723-4795
Extension:
Fax:
Email: callcentermanagement@scfhp.com
Address: 210 E. Hacienda Avenue

City: Campbell
State: CA
Zip: 95008
Last Updated: 12/12/2014

Legal Entity Name: SANTE FE EMPLOYEES HOSPITAL
ASSOCIATION **Contract Number:** H6053

Organization Marketing Name: Santa Fe Employes Hospital Assn. -
Coast Lines **Parent Organization:** Sante Fe Employees Hospital
Assn.

Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost
Contract Effective Date: 01/01/1987
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 672

Legal Entity Address: 551 E. SAN BERNARDINO ROAD

City: COVINA
State: CA
Zip: 91723

Contact Title: CEO
Name: Cecil D Davis
Phone: 1-626-967-3550
Extension:
Fax: 1-626-967-3161
Email: budov1@aol.com
Address: 551 E. San Bernardino Road,

City: Covina
State: CA
Zip: 91723
Last Updated: 03/13/2014

Legal Entity Name: SCAN HEALTH PLAN
Contract Number: H5425

Organization Marketing Name: SCAN Health
Plan **Parent Organization:** SCAN
Health Plan

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 05/01/2005
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 159,593

Legal Entity Address: 3800 Kilroy Aiport Way
Suite 100

City: Long Beach
State: CA
Zip: 90806

Contact Title: Director, Member Services Operations
Name: Kim McBeath
Phone: 1-800-559-3500
Extension:
Fax: 1-562-989-5181
Email: MemberServices@scanhealthplan.com

Address: 3800 Kilroy Airport Way
Suite 100
City: Long Beach
State: CA
Zip: 90806
Last Updated: 05/27/2014

Legal Entity Name: SCAN HEALTH PLAN
Contract Number: H5943

Organization Marketing Name: VillageHealth
Parent Organization: SCAN Health Plan

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2006
Tax Status: Not-for-Profit/Non-Profit

Contact Title: Director, Member Services Operations
Name: Kim McBeath
Phone: 1-800-559-3500
Extension:

CMS Region Responsible: San Francisco
Enrollment: 1,074

Legal Entity Address: 3800 Kilroy Airport Way
Suite 100
City: Long Beach
State: CA
Zip: 90806

Fax: 1-562-989-5181
Email: MemberServices@scanhealthplan.com
Address: 3800 Kilroy Airport Way
Suite 100
City: Long Beach
State: CA
Zip: 90806
Last Updated: 05/27/2014

Legal Entity Name: SCAN HEALTH PLAN
Contract Number: H9104

Organization Marketing Name: SCAN Health
Plan **Parent Organization:** SCAN
Health Plan

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 03/01/1985
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 548

Legal Entity Address: 3800 Kilroy Airport Way
Suite 100
City: Long Beach
State: CA
Zip:
90806

Contact Title: Manager, Member Services
Operations Name: Kim McBeath
Phone: 1-800-559-3500
Extension:
Fax: 1-562-989-5181
Email: MemberServices@scanhealthplan.com
Address: 3800 Kilroy Airport Way
Suite 100
City: Long Beach
State: CA
Zip: 90806
Last Updated: 09/30/2011

Legal Entity Name: SCOTT AND WHITE HEALTH PLAN
Contract Number: H4564

Organization Marketing Name: Scott and White Health Plan
SeniorCare **Parent Organization:** Baylor Scott & White
Holdings

Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 04/01/1996
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Dallas
Enrollment: 28,355

Legal Entity Address: 1206 West Campus Drive

City: TEMPLE
State: TX
Zip: 76502

Contact Title: Call Center
Name: Customer Service
Phone: 1-866-334-3141
Extension:
Fax:
Email: blee@sw.org
Address: 1206 West Campus Drive

City: Temple
State: TX
Zip: 76502
Last Updated: 06/09/2014

Legal Entity Name: SECURITY HEALTH PLAN OF
WISCONSIN, INC. **Contract Number:** H5211

Organization Marketing Name: Security Health Plan of Wisconsin,
Inc.

Parent Organization: Marshfield Clinic Health System, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 08/01/2002
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 43,033

Legal Entity Address: 1515 SAINT JOSEPH AVENUE
PO Box 8000
City: MARSHFIELD
State: WI

Contact Title: Customer Service Manager
Name: April Bores
Phone: 1-877-998-0998
Extension: 19412
Fax: 1-715-221-9500
Email: bores.april@securityhealth.org
Address: 1515 Saint Joseph Avenue
PO Box 8000
City: Marshfield
State: WI
Zip: 54449-8000

Zip: 54449

Last Updated: 11/21/2013

Legal Entity Name: SECURITYCARE OF TENNESSEE,
INC. **Contract Number:** H8146

Organization Marketing Name: BlueChoice Tennessee

Parent Organization: BlueCross BlueShield of Tennessee

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 2,171

Legal Entity Address: 1 Cameron Hill Circle

City: Chattanooga
State: TN
Zip: 37402

Contact Title: Dir Product Strategy & Finance

Name: Paul Farrell
Phone: 1-800-831-2583

Extension:

Fax:
Email: Paul_Farrell@bcbst.com

Address: 1 Cameron Hill Circle

City: Chattanooga

State: TN

Zip: 37402

Last Updated: 08/24/2015

Legal Entity Name: SELECT HEALTH OF SOUTH
CAROLINA, INC. **Contract Number:** H8213

Organization Marketing Name: FIRST CHOICE VIP CARE
PLUS Parent Organization: Independence Blue
Cross

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan
HMO/HMOPOS
Contract Effective Date: 02/01/2015
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 480

Legal Entity Address: 4930 Belle Oaks Drive
400

City: North Charleston
State: SC
Zip: 294058561

Contact Title: Dir., Medicare Member, Provider, Customer Service

Name: Geoffrey Vitrano

Phone: 1-800-450-1166

Extension:

Fax:
Email: GVitrano@Amerihealthcaritas.com

Address: Amerihealth Caritas Family of
Companies

200 Stevens Dr

City: Philadelphia

State: PA

Zip: 19113

Last Updated: 08/21/2014

Legal Entity Name: SELECTCARE HEALTH PLANS, INC.
Contract Number: H5656

Organization Marketing Name: Universal American Corp. **Parent
Organization:** Universal American Corp.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2007
Tax Status: For Profit
CMS Region Responsible: Dallas
Enrollment: 3,828

Legal Entity Address: 4888 Loop Central Drive
Suite 300

City: Houston
State: TX
Zip: 77081

Contact Title: Member Services Representative

Name: Member Services

Phone: 1-866-422-5009

Extension:

Fax:
Email: customerservice@todaysoptions.com

Address: 4888 Loop Central Drive
Suite 300

City: Houston

State: TX

Zip: 77081

Last Updated: 04/12/2013

Legal Entity Name: SELECTCARE OF TEXAS, INC. **Contract
Number:** H4506

Organization Marketing Name: Universal American Corp. **Parent
Organization:** Universal American Corp.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 03/01/2001

Contact Title: Member Services Representative

Name: Member Services

Phone: 1-866-422-5009

<p>Tax Status: For Profit CMS Region Responsible: Dallas Enrollment: 62,746</p> <p>Legal Entity Address: 4888 Loop Central Drive Suite 300 City: Houston State: TX Zip: 77081</p>	<p>Extension: Fax: Email: customerservice@todaysoptions.com Address: 4888 Loop Central Drive Suite 300 City: Houston State: TX Zip: 77081 Last Updated: 04/12/2013</p>
<p>Legal Entity Name: SELECTHEALTH, INC. Contract Number: H1994 Organization Marketing Name: SelectHealth Parent Organization: Intermountain Health Care, Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2013 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 32,705</p> <p>Legal Entity Address: 5381 Green Street City: Murray State: UT Zip: 84123</p>	<p>Contact Title: Director of Medicare Programs and Products Name: Mark Richardson Phone: 1-801-442-8210 Extension: Fax: Email: mark.richardson@selecthealth.org Address: 5381 S Green St City: Murray State: UT Zip: 84123 Last Updated: 02/28/2013</p>
<p>Legal Entity Name: SENIOR CARE CONNECTION, INC. Contract Number: H3322 Organization Marketing Name: Eddy SeniorCare Parent Organization: Senior Care Connection, Inc.</p>	
<p>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: 153</p> <p>Legal Entity Address: 504 STATE STREET City: SCHENECTADY State: NY Zip: 12305</p>	<p>Contact Title: VicePresident/Director Name: Bernadette Hallam Phone: 1-518-382-3290 Extension: 6349 Fax: 1-518-382-3398 Email: hallamb@nehealth.com Address: 504 State Street City: Schenectady State: NY Zip: 12305 Last Updated: 05/10/2012</p>
<p>Legal Entity Name: SENIOR LIFE ALTOONA, INC. Contract Number: H5902 Organization Marketing Name: Senior LIFE Ebsenburg Parent Organization: Senior LIFE Altoona, Inc.</p>	
<p>Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2011 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 177</p> <p>Legal Entity Address: 401 Broad Street City: Johnstown State: PA Zip: 15905</p>	<p>Contact Title: Chief Executive Officer Name: Mark Irwin Phone: 1-814-535-6000 Extension: 101 Fax: 1-814-248-7902 Email: Mirwin@grane.com Address: 401 Broad Street City: Johnstown State: PA Zip: 15906 Last Updated: 01/31/2011</p>

Legal Entity Name: SENIOR LIFE GREENSBURG, INC. **Contract Number:** H2937
Organization Marketing Name: Westmoreland county PACE
Parent Organization: Senior LIFE Greensburg, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2013 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 150 Legal Entity Address: 401 Broad Street City: Johnstown State: PA Zip: 15905	Contact Title: Chief Executive Officer Name: Mark Irwin Phone: 1-814-535-6000 Extension: 101 Fax: 1-814-248-7902 Email: Mirwin@grane.com Address: 401 Broad Street City: Johnstown State: PA Zip: 15906 Last Updated: 06/01/2011
--	---

Legal Entity Name: SENIOR LIFE LEHIGH VALLEY, INC. **Contract Number:** H5978
Organization Marketing Name: PHI LIFE dba everyday LIFE
Parent Organization: Senior LIFE Lehigh Valley, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2009 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 138 Legal Entity Address: 209 Sigma Drive City: Pittsburgh State: PA Zip: 15238	Contact Title: Chief Executive Officer Name: Mark Irwin Phone: 1-814-535-6000 Extension: 101 Fax: 1-814-248-7902 Email: Mirwin@grane.com Address: 401 Broad Street City: Johnstown State: PA Zip: 15906 Last Updated: 03/24/2014
--	---

Legal Entity Name: SENIOR LIFE YORK, INC.
Contract Number: H0819
Organization Marketing Name: York County PACE
Parent Organization: Senior LIFE York, Inc.

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 05/01/2011 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 114 Legal Entity Address: 1460 Memory Lane Ext. City: York State: PA Zip: 17402	Contact Title: Chief Executive Officer Name: Mark Irwin Phone: 1-814-535-6000 Extension: 101 Fax: 1-814-248-7902 Email: Mirwin@grane.com Address: 401 Broad Street City: Johnstown State: PA Zip: 15906 Last Updated: 02/16/2010
--	---

Legal Entity Name: SENIOR TOTAL LIFE CARE, INC.
Contract Number: H4235
Organization Marketing Name: Senior Total Life Care **Parent Organization:** CaroMont Health, Inc.
Organization Type: National PACE **Contact Title:** Executive Director

Plan Type: National PACE
Contract Effective Date: 01/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 113

Legal Entity Address: 1875 Remount Road

City: Gastonia
State: NC
Zip: 28054

Name: Cathy Kenzig
Phone: 1-704-874-0603
Extension:
Fax:
Email: ckenzig@seniorTLC.org **Address:**
1875 Remount Rd.

City: Gastonia
State: NC
Zip: 28054

Last Updated: 12/29/2014

Legal Entity Name: SENIOR WHOLE HEALTH OF NEW YORK, INC. **Contract Number:** H5992

Organization Marketing Name: Senior Whole Health of New York **Parent Organization:** SWH Holdings, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2007
Tax Status: For Profit
CMS Region Responsible: Boston
Enrollment: 76

Legal Entity Address: 58 Charles Street, 2nd Floor

City: Cambridge
State: MA
Zip: 02141

Contact Title: Chief Information Officer
Name: Marie Maloney
Phone: 1-617-494-5353
Extension: 6313
Fax: 1-617-494-5599
Email: MMaloney@seniorwholehealth.com
Address: 58 Charles Street, 2nd Floor

City: Cambridge
State: MA
Zip: 02141

Last Updated: 01/28/2010

Legal Entity Name: SENIOR WHOLE HEALTH OF NEW YORK, INC. **Contract Number:** H8851

Organization Marketing Name: SWH Whole Health FIDA Plan **Parent Organization:** SWH Holdings, Inc.

Organization Type: Demo
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 103

Legal Entity Address: Trinity Center
111 Broadway Suite 1505

City: New York
State: NY
Zip: 10006

Contact Title: Manager Marketing
Name: Lynne Marshall
Phone: 1-617-494-5353
Extension: 6378
Fax: 1-617-494-5599
Email: LMarshall@seniorwholehealth.com
Address: 58 Charles Street, 2nd Floor

City: Cambridge
State: MA
Zip: 02141

Last Updated: 06/23/2014

Legal Entity Name: SENIOR WHOLE HEALTH, LLC
Contract Number: H2224

Organization Marketing Name: Senior Whole Health Parent **Organization:** SWH Holdings, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 08/01/2004
Tax Status: For Profit
CMS Region Responsible: Boston
Enrollment: 10,497

Legal Entity Address: 58 Charles Street, 2nd Floor

City: CAMBRIDGE
State: MA

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

Zip: 02141

Legal Entity Name: SENIORLIFE WASHINGTON, INC.

Contract Number: H2992

Organization Marketing Name: Senior LIFE Washington / Uniontown /
Green **Parent Organization:** SeniorLife Washington, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 05/01/2011
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 422

Legal Entity Address: 209 Sigma Drive

City: Pittsburgh
State: PA
Zip: 15238

Contact Title: Cheif Executive Officer
Name: Mark Irwin
Phone: 1-814-535-6000
Extension: 101
Fax: 1-814-248-7902
Email: Mirwin@grane.com
Address: 401 Broad Street

City: Johnstown
State: PA
Zip: 15906

Last Updated: 09/11/2009

Legal Entity Name: SENTARA LIFE CARE CORPORATION,
INC **Contract Number:** H2941

Organization Marketing Name: Sentara PACE

Parent Organization: Sentara Health Care (SHC)

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/01/2007
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 246

Legal Entity Address: 251 S. NEWTOWN ROAD

City: NORFOLK
State: VA
Zip: 23502

Contact Title: Program Director
Name: Suzanne Coyner
Phone: 1-757-892-5400
Extension:
Fax: 1-757-892-5401
Email: sscoyner@sentara.com
Address: 251 S. Newtown Road

City: Norfolk
State: VA
Zip: 23502

Last Updated: 05/19/2014

Legal Entity Name: SERENITY CARE, INC.

Contract Number: H0477

Organization Marketing Name: Serenity Care PACE **Parent**
Organization: Serenity Care, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 05/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 69

Legal Entity Address: P.O. Box 2006

City: Andover
State: MA

Contact Title:
Name: Bob Tannery
Phone: 1-888-278-7000
Extension:
Fax:
Email: sales@pharmastarpbm.com **Address:** P.O.Box

City: Eau Claire
State: WI
Zip: 54702

Zip: 01810

Last Updated: 04/23/2013

Legal Entity Name: SHA, L.L.C

Contract Number: H4525

Organization Marketing Name: FirstCare Advantage

Parent Organization: Covenant Health - Hendrick Medical Center

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 07/01/2005

Tax Status: For Profit

CMS Region Responsible: Dallas

Enrollment: 3,193

Legal Entity Address: 12940 North Highway 183

City: Austin

State: TX

Zip: 78750

Contact Title: Customer Service

Name: Customer Service

Phone: 1-866-229-4969

Extension:

Fax: 1-806-784-4190

Email: cms@firstcare.com

Address: 1901 West Loop 289, Suite 9

City: Lubbock

State: TX

Zip: 79407

Last Updated: 05/26/2009

Legal Entity Name: SHARP HEALTH PLAN

Contract Number: H5386

Organization Marketing Name: North County Select

Parent Organization: Sharp Healthcare

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/2015

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: San Francisco

Enrollment: 180

Legal Entity Address: 8520 Tech Way

Suite 200

City: San Diego

State: CA

Zip: 921231450

Contact Title: Vice President and Chief Operating Officer

Name: Leslie Pels-Beck

Phone: 1-858-499-8244

Extension:

Fax:

Email: Leslie.Pels-Beck@sharp.com

Address: 8520 Tech Way

Suite 200

City: San Diego

State: CA

Zip: 92123-1450

Last Updated: 08/03/2015

Legal Entity Name: SIDNEY HILLMAN HC

Contract Number: H6141

Organization Marketing Name: Sidney Hillman HC

Parent Organization: Sidney Hillman Health Center (SHHC)

Organization Type: HCPP - 1833 Cost

Plan Type: HCPP - 1833 Cost

Contract Effective Date: 02/01/1983

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Chicago

Enrollment: 719

Legal Entity Address: 333 SOUTH ASHLAND AVENUE

City: CHICAGO

State: IL

Zip: 606072750

Contact Title: Operations Director

Name: Adriana Medina

Phone: 1-312-738-6170

Extension: 6196

Fax: 1-312-942-1554

Email: amedina@cmrjb.org

Address: 333 S. Ashland

City: Chicago

State: IL

Zip: 60607

Last Updated: 08/30/2010

Legal Entity Name: SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC. Contract Number: H2001

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: Local PPO	Name: Customer Service
Contract Effective Date: 08/01/2005	Phone: 1-877-842-3210 Tax Status: For Profit Extension:
CMS Region Responsible: San Francisco	Fax:
Enrollment: 615,469	Email: cs_evercare@uhc.com
Legal Entity Address: 9900 Bren Road E	Address: P.O. Box 29675
	City: Hot Springs
City: Minnetonka	State: AR
State: MN	Zip: 71903
Zip: 55343	Last Updated: 11/24/2010

Legal Entity Name: SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC. **Contract Number:** H2406
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: Local PPO	Name: Customer Service
Contract Effective Date: 06/01/2001	Phone: 1-877-842-3210 Tax Status: For Profit Extension:
CMS Region Responsible: San Francisco	Fax:
Enrollment: 817	Email: cs_evercare@uhc.com
Legal Entity Address: 9900 BREN ROAD EAST	Address: P.O. Box 29675
MN008-W130	City: Hot Springs
City: MINNETONKA	State: AR
State: MN	Zip: 71903
Zip: 55343	Last Updated: 11/24/2010

Legal Entity Name: SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC. **Contract Number:** H2905
Organization Marketing Name: Sierra Health and Life Insurance Company, Inc.
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP	Contact Title: Director, Government Programs/Member Services
Plan Type: Local PPO	Name: David Stuczynski
Contract Effective Date: 08/01/2005	Phone: 1-702-838-2066 Tax Status: For Profit
Extension:	Fax: 1-702-869-2484
CMS Region Responsible: San Francisco	Email: David.Stuczynski@uhc.com
Enrollment: 3,505	Address: 2720 N. Tenaya Way
Legal Entity Address: 2724 N. Tenaya Way	
	City: Las Vegas
City: Las Vegas	State: NV
State: NV	Zip: 89128
Zip: 89128	Last Updated: 06/09/2009

Legal Entity Name: SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC. **Contract Number:** H5652
Organization Marketing Name: Erickson Advantage
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Customer Service
Contract Effective Date: 09/01/2005	Phone: 1-877-842-3210 Tax Status: For Profit Extension:
CMS Region Responsible: San Francisco	Fax:
Enrollment: 4,527	Email: cs_evercare@uhc.com
Legal Entity Address: 9900 Bren Road East	Address: P.O. Box 29675
	City: Hot Springs
City: Minnetonka	State: AR
State: MN	Zip: 71903
Zip: 55343	Last Updated: 11/24/2010

Legal Entity Name: SIMPLY HEALTHCARE PLANS, INC. **Contract Number:** H5471
Organization Marketing Name: Simply Healthcare Plans, Inc.
Parent Organization: Anthem Inc.

Organization Type: Local CCP	Contact Title: Vice President of Member Services
Plan Type: HMO/HMOPOS	Name: Irene Ferro
Contract Effective Date: 01/01/2012	Phone: 1-305-441-4757
Tax Status: For Profit	Extension:
CMS Region Responsible: Chicago	Fax:
Enrollment: 22,354	Email: info@simplyhealthcareplans.com
Legal Entity Address: 1701 Ponce de Leon Blvd. Suite 300	Address: 1701 Ponce de Leon Blvd Suite 300
City: Coral Gables	City: Coral Gables
State: FL	State: FL
Zip: 33134	Zip: 33134
	Last Updated: 06/19/2015

Legal Entity Name: SIOUXLAND PACE, INC.
Contract Number: H8424
Organization Marketing Name: SIOUXLAND PACE, INC.
Parent Organization: St. Luke's Health System, Inc.

Organization Type: National PACE	Contact Title: Executive Director
Plan Type: National PACE	Name: Randall S Ehlers
Contract Effective Date: 08/01/2008	Phone: 1-712-224-7223
Tax Status: Not-for-Profit/Non-Profit	Extension:
CMS Region Responsible: Kansas City	Fax: 1-712-224-7253
Enrollment: 134	Email: Randy.Ehlers@unitypoint.org
Legal Entity Address: 309 Cook St	Address: 309 Cook St
	City: Sioux City
City: Sioux City	State: IA
State: IA	Zip: 51103
Zip: 51103	Last Updated: 03/24/2014

Legal Entity Name: SOUNDPATH HEALTH
Contract Number: H9302
Organization Marketing Name: Soundpath Health
Parent Organization: Catholic Health Initiatives

Organization Type: Local CCP	Contact Title: VP, Medicare Advantage Sales & Marketing
Plan Type: HMO/HMOPOS	Name: Kim Heuss
Contract Effective Date: 01/01/2008	Phone: 1-253-345-5555
Tax Status: Not-for-Profit/Non-Profit	Extension: 4305
CMS Region Responsible: Denver	Fax: 1-253-779-8829
Enrollment: 21,033	Email: Kim.Heuss@prominencehealth.com Address:
	32129 Weyerhaeuser Way S., Suite 201

Legal Entity Address: 32129 Weyerhaeuser Way S
Suite 201
City: Federal Way
State: WA
Zip: 980019911

City: Federal Way
State: WA
Zip: 98001
Last Updated: 02/25/2015

Legal Entity Name: SOUTH COUNTRY HEALTH
ALLIANCE **Contract Number:** H2419

Organization Marketing Name: South Country Health
Alliance Parent Organization: South Country Health
Alliance

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 08/01/2005
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 1,570

Contact Title: Member Services Department
Name: Member Services
Phone: 1-866-567-7242
Extension:
Fax: 1-507-431-6328
Email: members@mnscha.org
Address: 2300 Park Drive, Suite 100

Legal Entity Address: 2300 Park Drive
Suite 100
City: OWATONNA
State: MN
Zip: 55060

City: Owatonna
State: MN
Zip: 55060
Last Updated: 06/05/2013

Legal Entity Name: SOUTH COUNTRY HEALTH
ALLIANCE **Contract Number:** H5703

Organization Marketing Name: South Country Health
Alliance Parent Organization: South Country Health
Alliance

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2006
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 591

Contact Title: Member Services Department
Name: Member Services
Phone: 1-866-567-7242
Extension:
Fax: 1-507-431-6328
Email: members@mnscha.org
Address: 2300 Park Drive, Suite 100

Legal Entity Address: 2300 Park Drive
Suite 100
City: Owatonna
State: MN
Zip: 55060

City: Owatonna
State: MN
Zip: 55060
Last Updated: 06/05/2013

Legal Entity Name: SOUTH JERSEY HEALTHCARE
LIFE, INC. **Contract Number:** H6887

Organization Marketing Name: Inspira Health Network LIFE
Parent Organization: South Jersey Health System, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 08/01/2011
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: New York
Enrollment: 173

Contact Title: Director of Finance
Name: Dana Palma
Phone: 1-856-362-4516
Extension:
Fax: 1-856-575-4929
Email: PalmaD@ihn.org
Address: 2445 Delsea Drive

Legal Entity Address: 2445 Delsea Drive
City: Vineland
State: NJ
Zip: 08360

City: Vineland
State: NJ
Zip: 08360
Last Updated: 03/19/2014

Legal Entity Name: SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION Contract Number: H5580 Organization Marketing Name: Mercy Care Advantage Parent Organization: Southwest Catholic Health Network	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Extension: CMS Region Responsible: San Francisco Enrollment: 17,605 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 Tax Status: Not-for-Profit/Non-Profit Fax: Email: WaldbilligC@aetna.com Address: 4350 E Cotton Center Boulevard Bldg D City: Phoenix State: AZ Zip: 85040 Last Updated: 07/21/2014
Legal Entity Name: SPIRITRUST LUTHERAN LIFE Contract Number: H2537 Organization Marketing Name: SpiriTrust Lutheran LIFE Parent Organization: SpiritTrust Lutheran	
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: 79 Legal Entity Address: 840 Fifth Avenue, Chambersburg, PA 17201 1920 Good Hope Road, Enola, PA 17025-1235 City: Chambersburg State: PA Zip: 17201	Contact Title: VP Community Health Services Name: Terry Shade Phone: 1-717-264-8178 Extension: Fax: Email: tshade@lutheranhomecare.org Address: 2700 Luther Drive City: Chambersburg State: PA Zip: 17202 Last Updated: 03/08/2012
Legal Entity Name: ST. AGNES CONTINUING CARE CENTER Contract Number: H3919 Organization Marketing Name: Mercy LIFE Parent Organization: Trinity Health	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 10/01/2005 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 610 Legal Entity Address: 1930 South Broad Street City: PHILADELPHIA State: PA Zip: 19145	Contact Title: Account Representative Name: Kim Brewington Phone: 1-215-339-4522 Extension: Fax: 1-215-339-4554 Email: kriddick@mercyhealth.org Address: 1930 S. Broad St. City: Philadelphia State: PA Zip: 19145 Last Updated: 08/27/2012
Legal Entity Name: STABLEVIEW HEALTH Contract Number: H9492 Organization Marketing Name: StableView Health Parent Organization: Catholic Health Initiatives	

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Denver
Enrollment: 76

Legal Entity Address: 1733 Harrodsburg Rd
Ste 220
City: Lexington
State: KY
Zip: 40504

Contact Title: VP, Medicare Advantage Sales & Marketing
Name: Kim Heuss
Phone: 1-253-345-5555 **Extension:** 4305
Fax: 1-253-779-8829
Email: Kim.Heuss@prominencehealth.com
Address: 32129 Weyerhaeuser Way S., Suite 201

City: Federal Way
State: WA
Zip: 98001
Last Updated: 02/25/2015

Legal Entity Name: STAYWELL SENIOR CARE, INC. **Contract Number:** H1533

Organization Marketing Name: StayWell Senior Care
Parent Organization: Randolph Hospital, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 12/01/2014
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 40

Legal Entity Address: 809 Curry Dr.

City: Asheboro
State: NC
Zip: 27205

Contact Title: Executive Director
Name: Tracey Murphy
Phone: 1-336-628-4200
Extension:
Fax: 1-336-628-4235
Email: tmurphy@staywellseniorcare.org **Address:** 809 Curry Dr.

City: Asheboro
State: NC
Zip: 27205
Last Updated: 05/15/2014

Legal Entity Name: SUMMACARE INC. **Contract Number:** H3660

Organization Marketing Name: SummaCare Medicare Advantage Plans
Parent Organization: Summa Health System

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 06/01/1996
Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 26,613

Legal Entity Address: P. O. Box 3620 10 North
Main Steet

City: AKRON
State: OH
Zip: 44308

Contact Title: Provider Services
Name: Donna Rank
Phone: 1-330-996-8400
Extension:
Fax: 1-330-996-8490
Email: contactproviderservices@summacare.com
Address: 10 North Main Street

City: Akron
State: OH
Zip: 44308
Last Updated: 10/05/2012

Legal Entity Name: SUNCOAST PACE, INC.
Contract Number: H3430

Organization Marketing Name: Suncoast PACE, Inc.
Parent Organization: The Hospice of the Florida Suncoast, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 09/01/2009
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Atlanta
Enrollment: 209

Legal Entity Address: 5771 Roosevelt Blvd.

City: Clearwater

Contact Title: Executive Director
Name: Stephanie Sessions
Phone: 1-727-289-0062
Extension:
Fax: 1-727-523-2497
Email: stephaniesessions@suncoastpace.org
Address: 5771 Roosevelt Blvd

City: Clearwater
State: FL

State: FL	Zip: 33760	Zip: 33760
Zip: 33760		Last Updated: 02/25/2014
Legal Entity Name: SUNSHINE STATE HEALTH PLAN, INC.		
Contract Number: H5190		
Organization Marketing Name: Sunshine Health		
Parent Organization: Centene Corporation		
Organization Type: Local CCP		Contact Title:
Plan Type: HMO/HMOPOS		Name: Member Services
Contract Effective Date: 01/01/2013		Phone: 1-877-935-8022
Tax Status: For Profit		Extension: Fax:
CMS Region Responsible: Seattle		Email: mijones@centene.com
Enrollment: 780		Address: 1301 International Parkway Suite 400
Legal Entity Address: 1301 International Pkwy Suite 400		City: Sunrise
City: Sunrise		State: FL
State: FL		Zip: 33323
Zip: 33323		Last Updated: 03/04/2015

Legal Entity Name: SUPERIOR HEALTH PLAN, INC.		
Contract Number: H5294		
Organization Marketing Name: Superior HealthPlan		
Parent Organization: Centene Corporation		
Organization Type: Local CCP		Contact Title:
Plan Type: HMO/HMOPOS		Name: Provider Services
Contract Effective Date: 01/01/2008		Phone: 1-877-397-5921
Tax Status: For Profit		Extension:
CMS Region Responsible: Seattle		Fax:
Enrollment: 884		Email: corporatemedicarecompliancedept@centene.com
Legal Entity Address: The Regency Building, Suite 200 2100 South IH-35		Address: 7700 Forsyth Blvd
City: Austin		City: St. Louis
State: TX		State: MO
Zip: 78704		Zip: 63105
		Last Updated: 08/21/2015

Legal Entity Name: SUPERIOR HEALTH PLAN, INC.		
Contract Number: H6870		
Organization Marketing Name: Superior HealthPlan		
Parent Organization: Centene Corporation		
Organization Type: Demo		Contact Title:
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS		Name: Member Services
Contract Effective Date: 03/01/2015		Phone: 1-866-896-1844
Tax Status: For Profit		Extension:
CMS Region Responsible: Dallas		Fax:
Enrollment: 12,026		Email: mijones@centene.com
Legal Entity Address: 2100 South IH-35 Suite 202		Address: 2100 South IH - 35 Suite 200
City: Austin		City: Austin
State: TX		State: TX
Zip: 78704		Zip: 78704
		Last Updated: 03/04/2015

Legal Entity Name: SUTTER HEALTH SACRAMENTO SIERRA REGION		
Contract Number: H5406		
Organization Marketing Name: Sutter SeniorCare PACE		
Parent Organization: Sutter Health Sacramento Sierra Region		
Organization Type: National PACE		Contact Title: Center Manager
Plan Type: National PACE		Name: Sharon Boyd
Contract Effective Date: 11/01/2003		Phone: 1-916-424-8412
Tax Status: Not-for-Profit/Non-Profit		Extension: 13471

CMS Region Responsible: San Francisco
Enrollment: 219

Fax: 1-916-424-3249
Email: boydsd@sutterhealth.org
Address: 7000 Franklin Blvd Ste 1020

Legal Entity Address: 7000 Franklin Blvd., Suite 1020

City: Sacramento
State: CA
Zip: 95823

City: Sacramento
State: CA
Zip: 95823
Last Updated: 08/28/2015

Legal Entity Name: THE CONTRA COSTA HEALTH PLAN
Contract Number: H0502

Organization Marketing Name: Contra Costa Health Plan

Parent Organization: Contra Costa Health Services

Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 07/01/1977
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 442

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

Legal Entity Address: 595 CENTER AVENUE STE 100

City: MARTINEZ
State: CA **Zip:** 94553

City: Martinez
State: CA
Zip: 94553
Last Updated: 04/12/2010

Legal Entity Name: THE JOHNS HOPKINS HEALTH SYSTEM
CORPORATION **Contract Number:** H2109

Organization Marketing Name: Hopkins ElderPlus

Parent Organization: The Johns Hopkins Health System Corporation

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/01/2002 **Phone:** 1-410-550-7044 **Tax Status:** Not-for-Profit/Non-Profit **Extension:**

CMS Region Responsible: Philadelphia
Enrollment: 143

Fax: 1-410-550-7045
Email: jaistro1@jhmi.edu
Address: 4940 Eastern Avenue, Mason Lord Bldg., East Tower, First Floor

Legal Entity Address: 4940 EASTERN AVENUE
MASON LORD BLDG., EAST TOWER 1ST FLR
City: BALTIMORE
State: MD
Zip: 21224

City: Baltimore
State: MD
Zip: 21224
Last Updated: 01/31/2013

Legal Entity Name: THE LUTHERAN HOME FOR THE
AGED **Contract Number:** H4999

Organization Marketing Name: LIFE Northwestern Pennsylvania

Parent Organization: The Lutheran Home for The Aged

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/01/2013
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 88

Legal Entity Address: 149 West 22nd Street

City: Erie
State: PA
Zip: 165022899

Contact Title: CEO
Name: Mark J Gusek
Phone: 1-814-456-5433
Extension:
Fax:
Email: MedD-CEO@lifewpa.org
Address: LIFE-NWPA -- MED-D Administration
149 West 22nd St. **City:**
Erie
State: PA
Zip: 16502
Last Updated: 05/10/2013

Legal Entity Name: THE METHODIST OAKS
Contract Number: H0105
Organization Marketing Name: The Methodist Oaks d.b.a. The Oaks PACE **Parent Organization:** The Methodist Oaks

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 122	Contact Title: Business Office Manager Name: Deborah Hair Phone: 1-803-534-1212 Extension: 1113 Fax: 1-803-535-1540 Email: debbie@theoakssc.com Address: P.O.Drawer 327
Legal Entity Address: 153 Founders Ct Orangeburg City: Orangeburg State: SC Zip: 29118	City: Orangeburg State: SC Zip: 29116 Last Updated: 09/19/2012

Legal Entity Name: THE NEW YORK STATE CATHOLIC HEALTH PLAN, INC. **Contract Number:** H1916
Organization Marketing Name: Fidelis Care
Parent Organization: The New York State Catholic Health Plan, Inc.

Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 403	Contact Title: Vice President, Member Services & Enrollment Name: Brian Cummings Phone: 1-800-247-1447 Extension: Fax: Email: bcumming@fideliscare.org Address: 95-25 Queens Boulevard
Legal Entity Address: 95-26 Queens Boulevard City: Rego Park State: NY Zip: 11374	City: Rego Park State: NY Zip: 11374 Last Updated: 04/08/2013

Legal Entity Name: THE NEW YORK STATE CATHOLIC HEALTH PLAN, INC. **Contract Number:** H3328
Organization Marketing Name: Fidelis Care
Parent Organization: The New York State Catholic Health Plan, Inc.

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2004 Extension: CMS Region Responsible: New York Enrollment: 41,447	Contact Title: Vice President, Member Services & Enrollment Name: Brian Cummings Phone: 1-800-247-1447 Tax Status: Not-for-Profit/Non-Profit Fax: Email: bcumming@fideliscare.org Address: 95-25 Queens Boulevard
Legal Entity Address: 95-25 QUEENS BOULEVARD City: REGO PARK State: NY Zip: 11374	City: Rego Park State: NY Zip: 11374 Last Updated: 04/08/2013

Legal Entity Name: THE WASHTENAW PACE
Contract Number: H4118
Organization Marketing Name: Huron Valley PACE
Parent Organization: Utd Methodist Retirement Communities of SE MI

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 02/01/2014	Contact Title: Executive Director Name: Rick Bluhm Phone: 1-734-572-5777
--	---

Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 68

Legal Entity Address: 2940 Ellsworth Rc.

City: Ypsilanti
State: MI
Zip: 48197

Extension:
Fax:
Email: rbluhm@hvpance.org
Address: 2940 Ellsworth

City: Ypsilanti
State: MI
Zip: 48197
Last Updated: 07/19/2013

Legal Entity Name: THP INSURANCE COMPANY
Contract Number: H8604

Organization Marketing Name: Health Plan SecureChoice
Parent Organization: Health Plan of the Upper Ohio Valley

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2008
Tax Status: For Profit
CMS Region Responsible: Philadelphia
Enrollment: 691

Legal Entity Address: 52160 National Road East

City: St. Clairsville
State: OH
Zip: 43950

Contact Title: Director Member Services
Name: Sherry Stanley
Phone: 1-740-695-7682
Extension:
Fax: 1-740-695-8103
Email: sstanley@healthplan.org **Address:**
The Health Plan
52160 National Road East **City:** St.
Clairsville
State: OH
Zip: 43950
Last Updated: 02/28/2007

Legal Entity Name: TOTAL COMMUNITY CARE, L.L.C.
Contract Number: H5213

Organization Marketing Name: InnovAge Greater New Mexico PACE

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: 374

Legal Entity Address: 904 LAS LOMAS N.E.

City: Albuquerque
State: NM
Zip: 87102

Contact Title: Vice President of Marketing
Name: Elizabeth Moroney
Phone: 1-303-869-4664 **Extension:**
Fax: 1-303-996-1600
Email: emoroney@myinnovage.org **Address:**
8950 East Lowry Boulevard
City: Denver
State: CO
Zip: 80230
Last Updated: 06/17/2013

Legal Entity Name: TOTAL LIFE HEALTHCARE
Contract Number: H4305

Organization Marketing Name: Total Life Healthcare
Parent Organization: St. Bernard's Healthcare

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 06/01/2008
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Dallas
Enrollment: 160

Legal Entity Address: 225 East Jackson #92
505 E. Matthews
City: Jonesboro

Contact Title: Finance Manager
Name: Terry Combs
Phone: 1-870-207-7502
Extension:
Fax: 1-870-207-0527
Email: tcombs@sbrmc.org **Address:** 225
East Jackson #92
City: Jonesboro
State: AR

State: AR Zip: 72401	Zip: 72401 Last Updated: 05/13/2013
Legal Entity Name: TOTAL LONGTERM CARE, INC. Contract Number: H0613 Organization Marketing Name: InnovAge Parent Organization: Total Community Options, Inc.	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 04/01/2003 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Denver Enrollment: 2,148 Legal Entity Address: 8950 E. Lowry Blvd. City: DENVER State: CO Zip: 80230	Contact Title: Vice President of Marketing Name: Elizabeth Moroney Phone: 1-303-869-4664 Extension: Fax: 1-303-996-1600 Email: emoroney@myinnovage.org Address: 8950 East Lowry Boulevard City: Denver State: CO Zip: 80230 Last Updated: 05/31/2013
Legal Entity Name: TOTAL LONGTERM CARE, INC. Contract Number: H6079 Organization Marketing Name: InnovAge Greater California PACE Parent Organization: Total Community Options, Inc.	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 03/01/2014 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: San Francisco Enrollment: 124 Legal Entity Address: 410 E. Parkcenter Circle North City: San Bernadino State: CA Zip: 92408	Contact Title: Vice President of Marketing Name: Elizabeth Moroney Phone: 1-303-869-4664 Extension: Fax: 1-303-996-1600 Email: emoroney@myinnovage.org Address: 8950 East Lowry Boulevard City: Denver State: CO Zip: 80230 Last Updated: 06/03/2013
Legal Entity Name: TOTAL SENIOR CARE, INC. Contract Number: H8800 Organization Marketing Name: Total Senior Care, Inc. Parent Organization: Community Care of Western New York, Inc.	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 10/01/2008 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 101 Legal Entity Address: 519 North Union St City: Olean State: NY Zip: 14760	Contact Title: Program Officer Name: Ann Feightner Phone: 1-716-379-8474 Extension: Fax: 1-716-379-8543 Email: afeightner@totalseniorcare.org Address: 519 North Union Street City: Olean State: NY Zip: 14760 Last Updated: 12/16/2008
Legal Entity Name: TOUCHSTONE HEALTH HMO, INC. Contract Number: H3327 Organization Marketing Name: Touchstone Health Parent Organization: Touchstone Health Partnership, Inc	

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2005
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 11,074

Legal Entity Address: One North Lexington Avenue
12th floor
City: White Plains
State: NY
Zip: 10601

Contact Title: Vice President, Marketing
Name: Laura Dechen
Phone: 1-914-288-1131
Extension:
Fax: 1-914-288-1200
Email: ldechen@touchstoneh.com
Address: One North Lexington Avenue
12th Floor
City: White Plains
State: NY
Zip: 10601
Last Updated: 02/23/2012

Legal Entity Name: TRILLIUM COMMUNITY
HEALTH PLAN **Contract Number:** H2174

Organization Marketing Name: Trillium Advantage

Parent Organization: Agate Resources, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2007
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 3,759

Legal Entity Address: 1800 Millrace Drive
City: Eugene
State: OR
Zip: 97403

Contact Title: Chief Administrative Officer
Name: Shannon D Conley
Phone: 1-541-431-1950
Extension:
Fax: 1-541-434-1067
Email: sconley@trilliumchp.com
Address: 1800 Millrace Drive
City: Eugene
State: OR
Zip: 97403
Last Updated: 11/13/2013

Legal Entity Name: TRILLIUM COMMUNITY
HEALTH PLAN **Contract Number:** H6951

Organization Marketing Name: Trillium Advantage

Parent Organization: Agate Resources, Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2014
Tax Status: For Profit
CMS Region Responsible: Seattle
Enrollment: 384

Legal Entity Address: 1800 Millrace Drive
City: Eugene
State: OR
Zip: 97401

Contact Title: Chief Administrative Officer
Name: Shannon D Conley
Phone: 1-541-431-1950
Extension:
Fax: 1-541-434-1067
Email: sconley@trilliumchp.com
Address: 1800 Millrace Drive
City: Eugene
State: OR
Zip: 97403
Last Updated: 11/13/2013

Legal Entity Name: TRIPLE S ADVANTAGE, INC.
Contract Number: H5774

Organization Marketing Name: Triple S Advantage

Parent Organization: Triple-S Management Corporation

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2006
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 106,059

Legal Entity Address: PO Box 11320

City: San Juan
State: PR
Zip: 00922

Contact Title: Sales & Marketing VP
Name: Gustavo Perez
Phone: 1-787-620-1919
Extension: 4131 **Fax:**
Email: gustavo.perez@ahmpr.com
Address: PO Box 11320

City: San Juan
State: PR
Zip: 00922
Last Updated: 04/29/2014

Legal Entity Name: TRIPLE-S ADVANTAGE, INC. **Contract Number:** H4005

Organization Marketing Name: Triple-S Advantage

Parent Organization: Triple-S Management Corporation

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 01/01/2005
Tax Status: For Profit
CMS Region Responsible: New York
Enrollment: 17,578

Legal Entity Address: PO BOX 11320

City: SAN JUAN
State: PR
Zip: 00922

Contact Title: Sales & Marketing VP
Name: Gustavo Perez
Phone: 1-787-620-1919
Extension: 4131
Fax:
Email: gustavo.perez@sssadvantage.com **Address:** PO Box 11320

City: San Juan
State: PR
Zip: 00922
Last Updated: 06/12/2015

Legal Entity Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA **Contract Number:** H3908

Organization Marketing Name: Trustees Of The University Of Pennsylvania

Parent Organization: Trustees of the University of Pennsylvania

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 01/01/2002
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 426

Legal Entity Address: 4508 CHESTNUT STREET

City: PHILADELPHIA
State: PA
Zip: 19139

Contact Title: Chief Executive Officer
Name: Anthony Buividas
Phone: 1-215-573-7200
Extension:
Fax:
Email: Buividas@nursing.upenn.edu
Address: 4508 Chestnut Street

City: Philadelphia
State: PA
Zip: 19139
Last Updated: 09/26/2014

Legal Entity Name: TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION **Contract Number:** H2256

Organization Marketing Name: Tufts Health Plan or Tufts Medicare Preferred **Parent Organization:** Tufts Associated HMO, Inc.

<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/1994 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 104,870</p> <p>Legal Entity Address: 705 Mt Auburn Street</p> <p>City: Watertown State: MA Zip: 02472</p>	<p>Contact Title: Supervisor, Marketing Material Production Name: Kenneth Kayser Phone: 1-617-972-9400 Extension: 9527 Fax: Email: kenneth_kayser@tufts-health.com Address: 705 Mt Auburn St</p> <p>City: Watertown State: MA Zip: 02472</p> <p>Last Updated: 09/09/2013</p>
---	---

Legal Entity Name: TUFTS HEALTH PUBLIC PLANS, INC.
Contract Number: H7419
Organization Marketing Name: Tufts Health Plan - Network Health
Parent Organization: Tufts Associated HMO, Inc.

<p>Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 10/01/2013 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Boston Enrollment: 1,754</p> <p>Legal Entity Address: 101 Station Landing 4th Floor City: Medford State: MA Zip: 02155</p>	<p>Contact Title: Marketing Specialist Name: Elane Tohmc Phone: 1-781-393-3189 Extension: Fax: Email: elane_tohmc@tufts-health.com Address: 101 Station Landing 4th Floor City: Medford State: MA Zip: 02155</p> <p>Last Updated: 12/12/2014</p>
---	---

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

<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/1997 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Chicago Enrollment: 10,460</p> <p>Legal Entity Address: 500 Stinson Blvd NE</p> <p>City: MINNEAPOLIS State: MN Zip: 55413</p>	<p>Contact Title: Name: Provider Assistance Phone: 1-888-531-1493 Extension: Fax: Email: customerexperiencespecialist@ucare.org Address: 500 Stinson Boulevard NE</p> <p>City: Minneapolis State: MN Zip: 55413</p> <p>Last Updated: 07/08/2013</p>
--	--

Legal Entity Name: UCARE MINNESOTA
Contract Number: H2459
Organization Marketing Name: UCare
Parent Organization: UCare Minnesota

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 05/01/1998
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 85,666

Legal Entity Address: 500 Stinson Boulevard
NE

City: MINNEAPOLIS
State: MN
Zip: 55413

Contact Title:

Name: Provider Assistance

Phone: 1-888-531-1493

Extension: Fax:

Email:

customerexperiencespecialist@ucare.org

Address: 500 Stinson Boulevard NE

City: Minneapolis

State: MN

Zip: 55413

Last Updated: 05/23/2013

Legal Entity Name: UHC OF CALIFORNIA
Contract Number: H0543

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 06/01/1985
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 326,953

Legal Entity Address: 5995 PLAZA DRIVE

City: CYPRESS
State: CA
Zip: 90630

Contact Title:

Name: Customer Service

Phone: 1-877-842-3210

Extension: Fax:

Email: cs_evercare@uhc.com

Address: P.O. Box 29675

City: Hot Springs

State: AR

Zip: 71903

Last Updated: 06/10/2011

Legal Entity Name: ULTIMATE HEALTH
PLANS, INC. **Contract Number:** H2962

Organization Marketing Name: Ultimate Health Plans

Parent Organization: ULTIMATE HEALTH
PLAN, INC.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 4,329

Legal Entity Address: 1244 Mariner Boulevard

City: Spring Hill
State: FL
Zip: 34609

Contact Title: CEO

Name: Mike Turrell

Phone: 1-352-835-7151

Extension:

Fax: 1-352-835-7169

Email: MTurrell@ulthp.com

Address: 1244 Mariner Blvd.

City: Spring Hill

State: FL

Zip: 34609

Last Updated: 02/20/2013

Legal Entity Name: UNION HEALTH SERVICES, INC.
Contract Number: H6142

Organization Marketing Name: Union Health Service, Inc.

Parent Organization: Union Health Services, Inc.

Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost
Contract Effective Date: 02/01/1983
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 1,825

Contact Title: No contact data submitted

Name:

Phone:

Extension:

Fax:

Email: **Address:**

Legal Entity Address: 1634 WEST POLK STREET

City: CHICAGO
State: IL
Zip: 60612

City:
State:
Zip:
Last Updated:

Legal Entity Name: UNION PACIFIC RAILROAD EMPLOYEES HEALTH SYSTEMS **Contract Number:** H4652

Organization Marketing Name: Union Pacific Railroad Employes Health Systems **Parent Organization:** Union Pacific Railroad Employes Health Systems

Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost

Contact Title: Manager of Customer Services
Name: Tonya Hayes

Contract Effective Date: 12/01/1993

Phone: 1-801-595-4387 **Tax Status:** Not-for-Profit/Non-Profit

Extension:

CMS Region Responsible: Denver

Fax: 1-801-595-2087

Enrollment: 11,809

Email: thayes@uphealth.com

Address: 1040 N 2200 W Suite 200

Legal Entity Address: 1040 North 2200 West Suite 200

City: Salt Lake City

City: Salt Lake City

State: UT

State: UT

Zip: 84116

Zip: 84116

Last Updated: 02/02/2015

Legal Entity Name: UNITED MINE WORKERS OF AMERICA HLTH & RETIREMENT **Contract Number:** 90091

Organization Marketing Name: United Mine Workers of America Health & Retirement **Parent Organization:** UMWA Health and Retirement Funds

Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost

Contact Title:

Name: Health Call Center

Contract Effective Date: 02/01/1974

Phone: 1-800-291-1425 **Tax Status:** Not-for-Profit/Non-Profit

Extension:

CMS Region Responsible: Philadelphia **Fax:** 1-304-256-2626 **Enrollment:** 24,360 **Email:** Health1@umwafunds.org

Address: P.O. Box 2320 **Legal Entity Address:** 2121 K

STREET, N.W.

SUITE 350

City: Beckley

City: WASHINGTON

State: WV

State: DC

Zip: 25802

Zip: 20037

Last Updated: 04/24/2009

Legal Entity Name: UNITEDHEALTHCARE BENEFITS OF TEXAS, INC. **Contract Number:** H4590

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP

Contact Title:

Plan Type: HMO/HMOPOS

Name: Customer Service

Contract Effective Date: 11/01/1987

Phone: 1-877-842-

Tax Status: For Profit

3210 **Extension:** **Fax:**

CMS Region Responsible: San Francisco

Email: cs_evercare@uhc.com

Enrollment: 202,103

Address: P.O. Box 29675

Legal Entity Address: 8200 IH-10

City: Hot Springs

SUITE 1000

State: AR

City: SAN ANTONIO

Zip: 71903

State: TX

Last Updated: 06/13/2011

Zip: 78230

Legal Entity Name: UNITEDHEALTHCARE COMMUNITY PLAN OF OHIO, INC. **Contract Number:** H2531

Organization Marketing Name: UnitedHealthcare Community Plan **Parent Organization:** UnitedHealth Group, Inc.

Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 05/01/2014 CMS Region Responsible: Chicago Enrollment: 13,150 Legal Entity Address: 9200 Worthington Road City: Westerville State: OH Zip: 43082	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587 Tax Status: For Profit Extension: Fax: Email: jill_j_langenfeld@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 08/13/2014
Legal Entity Name: UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, LLC Contract Number: H4514 Organization Marketing Name: UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/2002 CMS Region Responsible: San Francisco Enrollment: 27,273 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 Tax Status: For Profit Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
Legal Entity Name: UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, LLC Contract Number: H7833 Organization Marketing Name: UNITEDHEALTHCARE COMMUNITY PLAN OF TEXAS, LLC Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 03/01/2015 CMS Region Responsible: Dallas Enrollment: 8,347 Legal Entity Address: 9702 Bissonnett Street Suite 2200W City: Houston State: TX Zip: 77036	Contact Title: Customer Service Name: Great Lakes Health Plan Phone: 1-888-903-7587 Tax Status: For Profit Extension: Fax: Email: jill_j_langenfeld@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 08/13/2014
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY Contract Number: H0408 Organization Marketing Name: UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 1,640 Legal Entity Address: 9900 Bren Road East MN008-T440 City: Minnetonka State: MN	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

Zip: 55343

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY Contract Number: H0624	
Organization Marketing Name: UnitedHealthcare	
Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 07/01/2005 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 3,934	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675
Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY Contract Number: H0710	
Organization Marketing Name: UnitedHealthcare	
Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 07/01/2004 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 2,797	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675
Legal Entity Address: 9900 BREN ROAD EAST MN008-W130 City: MINNETONKA State: MN Zip: 55343	City: Hot Springs State: AR Zip: 71903 Last Updated: 11/23/2010
Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY Contract Number: H1286	
Organization Marketing Name: UnitedHealthcare	
Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 13,666	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675
Legal Entity Address: 9900 Bren Road East MN008-T440 City: Minnetonka State: MN	City: Hot Springs State: AR Zip: 71903

Zip: 55343

Last Updated: 11/23/2010

Legal Entity Name: UNITEDHEALTHCARE INSURANCE
COMPANY **Contract Number:** H2226

Organization Marketing Name: UnitedHealthcare
Community Plan **Parent Organization:** UnitedHealth
Group, Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 03/01/2004

Tax Status: For Profit

CMS Region Responsible: San Francisco

Enrollment: 13,627

Legal Entity Address: 9900 BREN ROAD EAST

City: MINNETONKA

State: MN

Zip: 55343

Contact Title: Customer Service

Name: Great Lakes Health

Plan

Phone: 1-888-903-

7587 **Extension:** **Fax:**

Email: jill_j_langenfeld@uhc.com

Address: 26957 Northwestern Hwy
Suite 400

City: Southfield

State: MI

Zip: 48033

Last Updated: 08/13/2014

Legal Entity Name: UNITEDHEALTHCARE INSURANCE
COMPANY **Contract Number:** H2228

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP

Plan Type: Local PPO

Contract Effective Date: 01/01/2005

Tax Status: For Profit

CMS Region Responsible: San Francisco

Enrollment: 1,714

Legal Entity Address: 9900 BREN ROAD EAST

MN008-W130

City: MINNETONKA

State: MN

Zip: 55343

Contact Title:

Name: Customer Service

Phone: 1-877-842-3210

Extension:

Fax:

Email: cs_evercare@uhc.com

Address: P.O. Box 29675

City: Hot Springs

State: AR

Zip: 71903

Last Updated: 11/24/2010

Legal Entity Name: UNITEDHEALTHCARE INSURANCE
COMPANY **Contract Number:** H5008

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 07/01/2005

Tax Status: For Profit

CMS Region Responsible: San Francisco

Enrollment: 10,282

Legal Entity Address: 9900 BREN ROAD EAST

City: MINNETONKA

State: MN

Zip: 55343

Contact Title:

Name: Customer Service

Phone: 1-877-842-3210

Extension:

Fax:

Email: cs_evercare@uhc.com

Address: P.O. Box 29675

City: Hot Springs

State: AR

Zip: 71903

Last Updated: 11/24/2010

Legal Entity Name: UNITEDHEALTHCARE INSURANCE
COMPANY **Contract Number:** H5435

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: PFFS

Plan Type: PFFS

Contract Effective Date: 09/01/2005

Tax Status: For Profit

Contact Title:

Name: Customer Service

Phone: 1-877-842-3210

Extension:

CMS Region Responsible: San Francisco
Enrollment: 46,601

Fax:
Email: cs_evercare@uhc.com
Address: P.O. Box 29675

Legal Entity Address: 9900 Bren Road East
MN008-T615
City: Minnetonka
State: MN
Zip: 55343

City: Hot Springs
State: AR
Zip: 71903
Last Updated: 11/24/2010

Legal Entity Name: UNITEDHEALTHCARE INSURANCE
COMPANY **Contract Number:** H7187

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/2007

Tax Status: For Profit

CMS Region Responsible: San Francisco
Enrollment: 9,959

Contact Title:

Name: Customer Service

Phone: 1-877-842-

3210 **Extension:** **Fax:**

Email: cs_evercare@uhc.com

Address: P.O. Box 29675

Legal Entity Address: 9900 Bren Rd East
MN008-T440
City: Minnetonka
State: MN
Zip: 55343

City: Hot Springs
State: AR
Zip: 71903
Last Updated: 11/24/2010

Legal Entity Name: UNITEDHEALTHCARE INSURANCE
COMPANY **Contract Number:** H8748

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/2009

Tax Status: For Profit

CMS Region Responsible: San Francisco
Enrollment: 2,522

Contact Title:

Name: Customer Service

Phone: 1-877-842-3210

Extension:

Fax:

Email: cs_evercare@uhc.com

Address: P.O. Box 29675

Legal Entity Address: c/o UnitedHealth Group/Ovations, 9900
Bren Rd East

MAIL ROUTE MN0008-W240

City: Minnetonka

State: MN

Zip: 55343

City: Hot Springs
State: AR
Zip: 71903
Last Updated: 11/24/2010

Legal Entity Name: UNITEDHEALTHCARE INSURANCE
COMPANY **Contract Number:** R3175

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Regional CCP

Plan Type: Regional PPO

Contract Effective Date: 01/01/2006

Tax Status: For Profit

CMS Region Responsible: San Francisco
Enrollment: 3,412

Contact Title:

Name: Customer Service

Phone: 1-877-842-3210

Extension:

Fax:

Email: cs_evercare@uhc.com

Address: P.O. Box 29675

Legal Entity Address: 9900 Bren Road East
City: Minnetonka
State: MN
Zip: 55343

City: Hot Springs
State: AR
Zip: 71903
Last Updated: 11/24/2010

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY **Contract Number:** R5287
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 187,026 Legal Entity Address: 9900 Bren Road East City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
---	---

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY **Contract Number:** R7444
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Regional CCP Plan Type: Regional PPO Contract Effective Date: 01/01/2009 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 20,458 Legal Entity Address: c/o UnitedHealth Group/Ovations, 9900 Bren Rd East MAIL ROUTE MN008-W240 City: Minnetonka State: MN Zip: 55343	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
--	---

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK **Contract Number:** H1537
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2012 CMS Region Responsible: San Francisco Enrollment: 771 UnitedHealthcare Lockbox 5818 City: Carol Stream State: IL Zip: 601975818	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Tax Status: For Profit Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 Legal Entity Address: City: Hot Springs State: AR Zip: 71903 Last Updated: 02/22/2011
--	--

Legal Entity Name: UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK **Contract Number:** R5342
Organization Marketing Name: UnitedHealthcare
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Regional CCP	Contact Title:
Plan Type: Regional PPO	Name: Customer Service
Contract Effective Date: 01/01/2006	Phone: 1-877-842-3210 Tax Status: For Profit Extension:
CMS Region Responsible: San Francisco	Fax:
Enrollment: 86,823	Email: cs_evercare@uhc.com
	Address: P.O. Box 29675
Legal Entity Address: 9900 Bren Road East	
	City: Hot Springs
City: Minnetonka	State: AR
State: MN	Zip: 71903
Zip: 55343	Last Updated: 11/24/2010

Legal Entity Name: UNITEDHEALTHCARE OF ALABAMA, INC. **Contract Number:** H0151

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Customer Service
Contract Effective Date: 02/01/1995	Phone: 1-877-842-3210
Tax Status: For Profit	Extension:
CMS Region Responsible: San Francisco	Fax:
Enrollment: 33,674	Email: cs_evercare@uhc.com
	Address: P.O. Box 29675
Legal Entity Address: 13621 NW 12TH ST	
	City: Hot Springs
City: SUNRISE	State: AR
State: FL	Zip: 71903
Zip: 33323	Last Updated: 11/23/2010

Legal Entity Name: UNITEDHEALTHCARE OF GEORGIA, INC. **Contract Number:** H1111

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Customer Service
Contract Effective Date: 07/01/2005	Phone: 1-877-842-3210 Extension: Fax:
Tax Status: For Profit	Email: cs_evercare@uhc.com
CMS Region Responsible: San Francisco	Address: P.O. Box 29675
Enrollment: 8,392	
Legal Entity Address: 9900 Bren Road E	
	City: Hot Springs
City: Minnetonka	State: AR
State: MN	Zip: 71903
Zip: 55343	Last Updated: 11/23/2010

Legal Entity Name: UNITEDHEALTHCARE OF NEW ENGLAND, INC. **Contract Number:** H1944

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Customer Service
Contract Effective Date: 01/01/2008	Phone: 1-877-842-3210
Tax Status: For Profit	Extension:
CMS Region Responsible: San Francisco	Fax:
Enrollment: 7,289	Email: cs_evercare@uhc.com
	Address: P.O. Box 29675
Legal Entity Address: 9900 Bren Road East Mail Route MN-008 W140	
City: Minnetonka	City: Hot Springs
	State: AR

State: MN
Zip: 55343

Zip: 71903
Last Updated: 11/24/2010

Legal Entity Name: UNITEDHEALTHCARE OF NEW YORK, INC. Contract Number: H3379

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 03/01/1997
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 28,434

Contact Title:
Name: Customer Service
Phone: 1-877-842-3210
Extension:
Fax:
Email: cs_evercare@uhc.com
Address: P.O. Box 29675

Legal Entity Address: 3803 N ELM ST

City: GREENSBORO
State: NC
Zip: 27455

City: Hot Springs
State: AR
Zip: 71903
Last Updated: 11/24/2010

Legal Entity Name: UNITEDHEALTHCARE OF NEW YORK, INC. Contract Number: H3387

Organization Marketing Name: UnitedHealthcare Community Plan
Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/1999
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 18,007

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

Legal Entity Address: 7 HANOVER SQUARE
5TH FLOOR
City: NEW YORK
State: NY
Zip: 10004

Legal Entity Name: UNITEDHEALTHCARE OF OKLAHOMA, INC. Contract Number: H3749

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/1991
Tax Status: For Profit
CMS Region Responsible: San Francisco
Enrollment: 27,623

Contact Title:
Name: Customer Service
Phone: 1-877-842-3210
Extension: Fax:
Email: cs_evercare@uhc.com
Address: P.O. Box 29675

Legal Entity Address: 7666 E 61ST, #500

City: TULSA
State: OK
Zip: 74133

City: Hot Springs
State: AR
Zip: 71903
Last Updated: 06/13/2011

Legal Entity Name: UNITEDHEALTHCARE OF OREGON, INC. Contract Number: H3805

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/1986
Tax Status: For Profit

Contact Title:
Name: Customer Service
Phone: 1-877-842-3210
Extension:

CMS Region Responsible: San Francisco
Enrollment: 24,658

Fax:
Email: cs_evercare@uhc.com
Address: P.O. Box 29675

Legal Entity Address: 7525 S.E. 24TH STREET

City: MERCER ISLAND
State: WA
Zip: 98040

City: Hot Springs
State: AR
Zip: 71903
Last Updated: 06/13/2011

Legal Entity Name: UNITEDHEALTHCARE OF THE
MIDLANDS, INC. **Contract Number:** H2802

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 10/01/1985

Tax Status: For Profit

CMS Region Responsible: San Francisco

Enrollment: 9,965

Legal Entity Address: 13655 RIVERPORT DRIVE

City: MARYLAND HEIGHTS
State: MO
Zip: 63043

Contact Title:

Name: Customer Service

Phone: 1-877-842-3210

Extension:

Fax:

Email: cs_evercare@uhc.com

Address: P.O. Box 29675

City: Hot Springs

State: AR

Zip: 71903

Last Updated: 11/24/2010

Legal Entity Name: UNITEDHEALTHCARE OF THE
MIDWEST, INC. **Contract Number:** H2654

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 10/01/1992

Tax Status: For Profit

CMS Region Responsible: San Francisco

Enrollment: 46,937

Legal Entity Address: 13655 RIVERPORT DRIVE

City: MARYLAND HEIGHTS
State: MO
Zip: 63043

Contact Title:

Name: Customer Service

Phone: 1-877-842-3210

Extension:

Fax:

Email: cs_evercare@uhc.com

Address: P.O. Box 29675

City: Hot Springs

State: AR

Zip: 71903

Last Updated: 11/24/2010

Legal Entity Name: UNITEDHEALTHCARE OF UTAH,
INC. **Contract Number:** H4604

Organization Marketing Name: UnitedHealthcare

Parent Organization: UnitedHealth Group, Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/2005

Tax Status: For Profit

CMS Region Responsible: San Francisco

Enrollment: 47,502

Legal Entity Address: 2795 EAST COTTONWOOD
PARKWAY #200

City: SALT LAKE CITY
State: UT
Zip: 84121

Contact Title:

Name: Customer Service

Phone: 1-877-842-3210

Extension:

Fax:

Email: cs_evercare@uhc.com

Address: P.O. Box 29675

City: Hot Springs

State: AR

Zip: 71903

Last Updated: 11/24/2010

Legal Entity Name: UNITEDHEALTHCARE OF WISCONSIN, INC. Contract Number: H5253 Organization Marketing Name: UnitedHealthcare Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 08/01/1995 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 95,271 Legal Entity Address: 10701 W. RESEARCH DRIVE P.O. BOX 26649 City: MILWAUKEE State: WI Zip: 532260649	Contact Title: Name: Customer Service Phone: 1-877-842-3210 Extension: Fax: Email: cs_evercare@uhc.com Address: P.O. Box 29675 City: Hot Springs State: AR Zip: 71903 Last Updated: 11/24/2010
Legal Entity Name: UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC. Contract Number: H0251 Organization Marketing Name: UnitedHealthcare Community Plan Parent Organization: UnitedHealth Group, Inc.	
Organization Type: Local CCP Contract Effective Date: 01/01/2007 CMS Region Responsible: San Francisco Enrollment: 42,443 Legal Entity Address: 1300 River Drive, Suite 200 City: Moline State: IL Zip: 61265	Contact Title: Customer Service Plan Type: HMO/HMOPOS Name: Great Lakes Health Plan Phone: 1-888-903-7587 Tax Status: For Profit Extension: Fax: Email: jill_j_langenfeld@uhc.com Address: 26957 Northwestern Hwy Suite 400 City: Southfield State: MI Zip: 48033 Last Updated: 08/13/2014
Legal Entity Name: UNIVERSAL CARE, INC. Contract Number: H0838 Organization Marketing Name: Brand New Day Parent Organization: Universal Care, Inc	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 04/01/2006 Tax Status: For Profit CMS Region Responsible: San Francisco Enrollment: 8,115 Legal Entity Address: 5455 Garden Grove Blvd Suite 500 City: Westminster State: CA Zip: 92683	Contact Title: Executive Vice President / Compliance Officer Name: Connie Snyder Phone: 1-866-255-4795 Extension: 5054 Fax: 1-657-400-1212 Email: compliance@universalcare.com Address: 5455 Garden Grove Blvd. Suite 500 City: Westminster State: CA Zip: 92683 Last Updated: 08/22/2014
Legal Entity Name: UNIVERSITY CARE ADVANTAGE, INC. Contract Number: H4931 Organization Marketing Name: University Care Advantage Parent Organization: Banner Health	

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 4,244

Legal Entity Address: 2701 E. Elvira

City: Tucson
State: AZ
Zip: 85756

Contact Title: UCA Customer Care

Name: Customer Care
Phone: 1-877-874-3930

Extension:

Fax: 1-520-874-3434

Email: memberservicesinquiries@uahealth.com

Address: 2701 E. Elvira Rd

City: Tucson

State: AZ

Zip: 85756

Last Updated: 08/10/2015

Legal Entity Name: UNIVERSITY HEALTHCARE
ADVANTAGE **Contract Number:** H2986

Organization Marketing Name: Stanford Health Care
Parent Organization: Stanford Health Care

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2015
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: San Francisco
Enrollment: 81

Legal Entity Address: P.O. Box 72530

City: Oakland
State: CA
Zip: 94612

Contact Title: Manager Member Services

Name: Sergio Cruz
Phone: 1-855-996-8422

Extension:

Fax:

Email: scruz@carecounsel.com

Address: 899 Northgate Drive, Suite 530

City: San Rafael

State: CA

Zip: 94903

Last Updated: 07/23/2015

Legal Entity Name: UPHAMS CORNER HEALTH
COMMITTEE, INC. **Contract Number:** H2220

Organization Marketing Name: Uphams Corner Health
Committee, Inc. **Parent Organization:** Uphams Corner
Health Committee, Inc.

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/01/2002
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Boston
Enrollment: 239

Legal Entity Address: 500 Columbia Road

Mail Stop 1140-08

City: DORCHESTER

State: MA

Zip: 02125

Contact Title: Director of Operations

Name: Jagdeep Trivedi
Phone: 1-617-288-0970

Extension: 8803

Fax: 1-617-474-0757

Email: jtrivedi@uphams.org

Address: 1140 Dorchester Ave.

City: Dorchester

State: MA

Zip: 02125

Last Updated: 11/30/2013

Legal Entity Name: UPMC FOR YOU, INC
Contract Number: H4279

Organization Marketing Name: UPMC for You

Parent Organization: UPMC Health System

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2012
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Philadelphia
Enrollment: 19,702

Legal Entity Address: USX Tower, 55th Floor

600 Grant Street

City: Pittsburgh

Contact Title:

Name: Medicare Marketing
Phone: 1-877-381-3765

Extension:

Fax:

Email: upmchp@upmc.edu **Address:** USX Tower,
9th Floor

600 Grant Street

City: Pittsburgh

State: PA

State: PA Zip: 15219	Zip: 15219 Last Updated: 03/23/2012
Legal Entity Name: UPMC HEALTH NETWORK, INC. Contract Number: H5533 Organization Marketing Name: UPMC Health Plan Parent Organization: UPMC Health System	
Organization Type: Local CCP Plan Type: Local PPO Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 9,368 Legal Entity Address: USX Tower, 55th Floor 600 Grant Street City: Pittsburgh State: PA Zip: 15219	Contact Title: Name: Medicare Marketing Phone: 1-877-381-3765 Extension: Fax: Email: upmchp@upmc.edu Address: USX Tower, 9th Floor 600 Grant Street City: Pittsburgh State: PA Zip: 15219 Last Updated: 03/23/2012

Legal Entity Name: UPMC HEALTH PLAN, INC. Contract Number: H3907 Organization Marketing Name: UPMC Health Plan Parent Organization: UPMC Health System	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2001 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 116,340 Legal Entity Address: USX Tower, 55th Floor 600 Grant Street City: PITTSBURGH State: PA Zip: 15219	Contact Title: Name: Medicare Marketing Phone: 1-877-381-3765 Extension: Fax: Email: upmchp@upmc.edu Address: USX Tower, 9th Floor 600 Grant Street City: Pittsburgh State: PA Zip: 15219 Last Updated: 03/23/2012

Legal Entity Name: UPPER PENINSULA HEALTH PLAN, LLC Contract Number: H1977 Organization Marketing Name: Upper Peninsula Health Plan (UPHP) MI Health Link Parent Organization: DLP Marquette General Hospital, LLC	
Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 03/01/2015 Tax Status: For Profit CMS Region Responsible: Chicago Enrollment: 4,192 Legal Entity Address: 228 W. Washington Street City: Marquette State: MI Zip: 49855	Contact Title: Director of Government Programs Name: Melissa Holmquist Phone: 1-906-225-7157 Extension: Fax: 1-906-225-8778 Email: mholmquist@uphp.com Address: UPHP 228 W. Washington Street City: Marquette State: MI Zip: 49855 Last Updated: 05/16/2013

Legal Entity Name: UPPER PENINSULA HEALTH PLAN, LLC Contract Number: H2161 Organization Marketing Name: Upper Peninsula Health Plan Parent Organization: DLP Marquette General Hospital, LLC	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2011	Contact Title: Director of Government Programs Name: Melissa Holmquist Phone: 1-906-225-7157

Tax Status: For Profit
CMS Region Responsible: Chicago
Enrollment: 210

Legal Entity Address: 228 W. Washington Street

City: Marquette
State: MI
Zip: 49855

Extension:

Fax: 1-906-225-8778
Email: mholmquist@uphp.com **Address:**
UPHP

228 W. Washington Street **City:**
Marquette
State: MI
Zip: 49855

Last Updated: 05/15/2013

Legal Entity Name: USABLE MUTUAL INSURANCE
COMPANY **Contract Number:** H4213

Organization Marketing Name: ARKANSAS BLUE CROSS AND
BLUE SHIELD **Parent Organization:** USABLE Mutual
Insurance Company

Organization Type: PFFS

Plan Type: PFFS

Contract Effective Date: 01/01/2010

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Dallas

Enrollment: 16,929

Legal Entity Address: 601 GAINES STREET

City: LITTLE ROCK
State: AR
Zip: 72201

Contact Title: Manager Medicare Operations

Name: Kathryn Thornhill

Phone: 1-501-379-2787

Extension:

Fax: 1-501-379-2703

Email: kathornhill@arkbluecross.com

Address: 320 W. Capitol, Suite 400

City: Little Rock

State: AR

Zip: 72203

Last Updated: 12/28/2012

Legal Entity Name: USABLE MUTUAL INSURANCE
COMPANY **Contract Number:** H8091

Organization Marketing Name: ARKANSAS BLUE CROSS AND
BLUE SHIELD **Parent Organization:** USABLE Mutual
Insurance Company

Organization Type: Local CCP

Plan Type: Local PPO

Contract Effective Date: 01/01/2011

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Dallas

Enrollment: 895

Legal Entity Address: 601 Gaines Street

City: Little Rock
State: AR
Zip: 72201

Contact Title: Manager Medicare Operations

Name: Kathryn Thornhill

Phone: 1-501-379-2787

Extension:

Fax: 1-501-379-2703

Email: kathornhill@arkbluecross.com

Address: 320 W. Capitol, Suite 400

City: Little Rock

State: AR

Zip: 72203

Last Updated: 05/18/2015

Legal Entity Name: VALIR PACE FOUNDATION
Contract Number: H7114

Organization Marketing Name: Valir PACE Foundation **Parent
Organization:** Valir Health LLC

Organization Type: National PACE

Plan Type: National PACE

Contract Effective Date: 01/01/2015

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Dallas

Enrollment: 61

Legal Entity Address: 721 NW 6th Street

City: Oklahoma City
State: OK

Contact Title: PACE Director

Name: Brandy Bailey

Phone: 1-405-609-3682

Extension:

Fax:

Email: brandy.bailey@valir.com

Address: 700 NW 7th St

City: Oklahoma City

State: OK

Zip: 73102

Zip: 73102

Last Updated: 12/30/2013

Legal Entity Name: VANTAGE HEALTH PLAN, INC.

Contract Number: H5576

Organization Marketing Name: Vantage Health Plan, Inc.

Parent Organization: Vantage Holdings, Inc.

Organization Type: Local CCP

Plan Type: HMO/HMOPOS

Contract Effective Date: 01/01/2007

Tax Status: For Profit

CMS Region Responsible: Dallas

Enrollment: 13,700

Legal Entity Address: 130 DeSiard St

Suite 300

City: Monroe

State: LA

Zip: 71201

Contact Title: Medicare Compliance Officer

Name: Sally L Knight

Phone: 1-318-361-0900

Extension: 1142

Fax: 1-318-361-2184

Email: sknight@vhpla.com

Address: 130 DeSiard St

Suite 300

City: Monroe

State: LA

Zip: 71201

Last Updated: 04/20/2011

Legal Entity Name: VIA CHRISTI HEALTHCARE OUTREACH PROGRAM FOR ELDERLS Contract Number: H1714

Organization Marketing Name: Via Christi HOPE

Parent Organization: Via Christi Outreach Pgrm. Elders, Inc

Organization Type: National PACE

Contact Title: CEO PACE Plan Type: National PACE

Name: Karen

Sturchio

Contract Effective Date: 09/01/2002

Phone: 1-316-858-1111 Tax Status: Not-for-Profit/Non-Profit

Extension:

CMS Region Responsible: Kansas City

Fax:

Enrollment: 176

Email: Karen.Sturchio@viachristi.org

Address: 2622 W Central, Suite 101

Legal Entity Address: 2622 W. Central - Suite 101

City: Wichita

City: WICHITA

State: KS

State: KS

Zip: 67203

Zip: 67203

Last Updated: 04/22/2014

Legal Entity Name: VIECARE BEAVER LLC DBA LIFE BEAVER COUNTY Contract Number: H7660

Organization Marketing Name: LIFE Beaver and Lawrence Counties Parent Organization: Lutheran SeniorLife

Organization Type: National PACE

Plan Type: National PACE

Contract Effective Date: 11/01/2008

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Philadelphia

Enrollment: 447

Legal Entity Address: 191 Scharberry Ln

City: Mars

State: PA

Zip: 16046

Contact Title: Director of MIS

Name: Dean Phillips

Phone: 1-724-776-1100

Extension:

Fax: 1-724-772-2960

Email: dean.phillips@lutheranseniorlife.org

Address: Lutheran SeniorLife

191 Scharberry Lane

City: Mars

State: PA

Zip: 16046

Last Updated: 01/21/2014

Legal Entity Name: VIECARE BUTLER, LLC Contract Number: H3060

Organization Marketing Name: LIFE Butler County

Parent Organization: Lutheran SeniorLife

Organization Type: National PACE

Plan Type: National PACE

Contract Effective Date: 09/01/2013

Tax Status: Not-for-Profit/Non-Profit

CMS Region Responsible: Philadelphia

Contact Title: Director of MIS

Name: Dean Phillips

Phone: 1-724-776-1100

Extension:

Fax: 1-724-772-2960

<p>Enrollment: 135</p> <p>Legal Entity Address: 231 West Diamond St</p> <p>City: Butler State: PA Zip: 16001</p>	<p>Email: dean.phillips@lutheranseniorlife.org Address: Lutheran SeniorLife 191 Scharberry Lane City: Mars</p> <p>State: PA Zip: 16046 Last Updated: 01/21/2014</p>
<p>Legal Entity Name: VILLAGE SENIOR SERVICES CORPORATION Contract Number: H9345</p> <p>Organization Marketing Name: VillageCareMAX Full Advantage FIDA Parent Organization: Village Care of New York, Inc.</p>	
<p>Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 90</p> <p>Legal Entity Address: 112 Charles Street</p> <p>City: New York State: NY Zip: 10014</p>	<p>Contact Title: Name: Provider Services Phone: 1-855-769-2500 Extension: Fax: Email: villagecaremaxinfo@villagecare.org Address: PO Box 5536</p> <p>City: Hauppauge State: NY Zip: 11788 Last Updated: 01/31/2013</p>
<p>Legal Entity Name: VIRGINIA PREMIER HEALTH PLAN, INC. Contract Number: H3067</p> <p>Organization Marketing Name: Virginia Premier CompleteCare Parent Organization: Virginia Cwlth University Hlth System Authority</p>	
<p>Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 04/01/2014 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Philadelphia Enrollment: 5,838</p> <p>Legal Entity Address: 600 East Broad Street Suite 400 City: Richmond State: VA Zip: 23220</p>	<p>Contact Title: rjones@vapremier.com Name: Rebecca Jones Phone: 1-804-819-5151 Extension: 55449 Fax: Email: rjones@vapremier.com Address: 600 East Broad Street Suite 400 City: Richmond State: VA Zip: 23220 Last Updated: 10/08/2013</p>
<p>Legal Entity Name: VISTA HEALTH PLAN, INC. Contract Number: H4227</p> <p>Organization Marketing Name: Vista Health Plan, Inc. Parent Organization: Independence Health Group, Inc.</p>	
<p>Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2013 Tax Status: For Profit CMS Region Responsible: Philadelphia Enrollment: 3,403</p> <p>Legal Entity Address: 1901 Market St</p> <p>City: Philadelphia State: PA Zip: 19103</p>	<p>Contact Title: Director Medicare Customer Service & Oversight Name: Geoffrey Vitrano Phone: 1-800-450-1166 Extension: Fax: Email: GVitrano@Amerihealthcaritas.com Address: Amerihealth Caritas Family of Companies 200 Stevens Dr City: Philadelphia</p> <p>State: PA Zip: 19113 Last Updated: 05/18/2015</p>

Legal Entity Name: VIVA HEALTH, INC.
Contract Number: H0154
Organization Marketing Name: VIVA Medicare
Parent Organization: UAB Health System

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/1998 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: Atlanta Enrollment: 45,532	Contact Title: Manager of Sales and Marketing Operations Name: Tony Ceasar Phone: 1-205-558-7558 Extension: Fax: 1-205-393-1748 Email: tceasar@uabmc.edu Address: 417 20th Street North Suite 1100 City: Birmingham State: AL Zip: 35203 Last Updated: 07/01/2013
Legal Entity Address: 417 20th Street North Suite 1100 City: BIRMINGHAM State: AL Zip: 35203	

Legal Entity Name: VNS CHOICE
Contract Number: H5549
Organization Marketing Name: VNSNY CHOICE Medicare
Parent Organization: Visiting Nurse Service of New York

Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2007 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 17,571	Contact Title: Name: Sandra Osse Phone: 1-866-783-0222 Extension: Fax: Email: sandra.osse@vnsny.org Address: 1250 Broadway 11th Floor City: New York State: NY Zip: 10001 Last Updated: 05/07/2015
Legal Entity Address: 107 E 70th Street City: New York State: NY Zip: 10021	

Legal Entity Name: VNS CHOICE
Contract Number: H8490
Organization Marketing Name: VNSNY CHOICE FIDA Complete
Parent Organization: Visiting Nurse Service of New York

Organization Type: Demo Plan Type: Medicare-Medicaid Plan HMO/HMOPOS Contract Effective Date: 01/01/2015 Tax Status: Not-for-Profit/Non-Profit CMS Region Responsible: New York Enrollment: 3,133	Contact Title: Communications Specialist Name: Sandra Osse Phone: 1-866-783-0222 Extension: Fax: Email: sandra.osse@vnsny.org Address: 1250 Broadway 11th Floor City: New York State: NY Zip: 10001 Last Updated: 05/07/2015
Legal Entity Address: 107 East 70th Street City: New York State: NY Zip: 10021	

Legal Entity Name: VOANS SENIOR COMMUNITY CARE OF MICHIGAN, INC. **Contract**
Number: H6787
Organization Marketing Name: Senior Community Care of Michigan
Parent Organization: Volunteers of America National Services

Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 04/01/2015 Extension: CMS Region Responsible: Philadelphia Enrollment: 22 Legal Entity Address: 1921 East Miller Road City: Lansing State: MI Zip: 48911	Contact Title: Vice President of Information Technology Name: David Osborne Phone: 1-952-941-0305 Tax Status: Not-for-Profit/Non-Profit Fax: 1-952-941-0428 Email: dosborne@voa.org Address: 7530 Market Place Dr. City: Eden Prairie State: MN Zip: 55344 Last Updated: 09/10/2014
Legal Entity Name: VOANS SENIOR COMMUNITY CARE OF NORTH CAROLINA, INC Contract Number: H0839 Organization Marketing Name: Senior CommUnity Care of North Carolina Parent Organization: Volunteers of America National Services	
Organization Type: National PACE Plan Type: National PACE Contract Effective Date: 07/01/2013 CMS Region Responsible: Atlanta Enrollment: 110 Legal Entity Address: 4022 Stirrup Creek Drive Suite 315 City: Durham State: NC Zip: 27703	Contact Title: Billing Office Manager Name: Kippir Westbrook Phone: 1-919-425-3000 Tax Status: Not-for-Profit/Non-Profit Extension: Fax: 1-919-425-3001 Email: kwestbrook@voa.org Address: 4022 Stirrup Creek Suite 315 City: Durham State: NC Zip: 27703 Last Updated: 03/15/2013
Legal Entity Name: VOLUNTEER STATE HEALTH PLAN Contract Number: H3259 Organization Marketing Name: BlueCare Plus Tennessee Parent Organization: BlueCross BlueShield of Tennessee	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2014 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 6,868 Legal Entity Address: 1 Cameron Hill Circle City: Chattanooga State: TN Zip: 374022011	Contact Title: Name: Customer Service Phone: 1-800-299-1407 Extension: Fax: Email: BlueCarePlus_GM@bcbst.com Address: 1 Cameron Hill Circle, City: Chattanooga State: TN Zip: 37402 Last Updated: 02/28/2014
Legal Entity Name: VOLUNTEERS OF AMERICA NATIONAL SERVICES Contract Number: H2815 Organization Marketing Name: Senior CommUnity Care of Colorado Parent Organization: Volunteers of America National Services	

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 08/01/2008
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Denver
Enrollment: 262

Legal Entity Address: 2377 Robins Way

City: Montrose
State: CO
Zip: 81401

Contact Title: Business Office Manager
Name: Jeanette Curtis
Phone: 1-970-252-0522
Extension:
Fax: 1-970-252-0166
Email: jcurtis@voa.org
Address: 2377 Robins Way

City: Montrose
State: CO
Zip: 81401

Last Updated: 12/06/2011

Legal Entity Name: WABASH MEMORIAL HOSPITAL
ASSOCIATION **Contract Number:** H6140

Organization Marketing Name: Wabash Mem. Hospital

Parent Organization: Wabash Memorial Hospital Association

Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost
Contract Effective Date: 01/01/1987
Tax Status: Not-for-Profit/Non-Profit
CMS Region Responsible: Chicago
Enrollment: 1,733

Legal Entity Address: 1501 NORTH WATER ST.

City: DECATUR
State: IL
Zip: 62526

Contact Title: Admin.
Name: Tamara Bivins
Phone: 1-217-429-5246
Extension:
Fax: 1-217-542-0134
Email: tamara@wabashcannonball.org

Address: 1340 N. Water St
PO Box 1340 **City:**
Decatur

State: IL
Zip: 62526

Last Updated: 06/02/2008

Legal Entity Name: WELLCARE HEALTH INSURANCE COMPANY OF KENTUCKY, INC **Contract Number:**
H9730

Organization Marketing Name: WellCare

Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2013
CMS Region Responsible: Atlanta
Enrollment: 7,339

Legal Entity Address: 8735 Henderson Road

City: Tampa
State: FL
Zip: 33634

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

City: Tampa

State: FL
Zip: 33634

Last Updated: 09/19/2014

Legal Entity Name: WELLCARE HEALTH INSURANCE OF
ARIZONA, INC. **Contract Number:** H2491

Organization Marketing Name: 'Ohana Health Plan

Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 01/01/2009
Tax Status: For Profit
CMS Region Responsible: Atlanta
Enrollment: 11,091

Legal Entity Address: 8735 Henderson Rd
Ren 1
City: Tampa

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

City: Tampa
State: FL

State: FL Zip: 33634	Zip: 33634 Last Updated: 09/19/2014
Legal Entity Name: WELLCARE HEALTH PLANS OF NEW JERSEY, INC. Contract Number: H0913	
Organization Marketing Name: WellCare	
Parent Organization: WellCare Health Plans, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 993 Legal Entity Address: P.O. Box 26011 City: Tampa State: FL Zip: 336236011	Contact Title: Name: Website Inquiries Phone: 1-888-888-9355 Extension: Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road, Ren 1, 3rd Floor City: Tampa State: FL Zip: 33634 Last Updated: 09/19/2014

Legal Entity Name: WELLCARE OF CONNECTICUT, INC. Contract Number: H0712	
Organization Marketing Name: WellCare	
Parent Organization: WellCare Health Plans, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 05/01/2005 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 12,720 Legal Entity Address: 116 WASHINGTON AVENUE City: NORTH HAVEN State: CT Zip: 06437	Contact Title: Name: Website Inquiries Phone: 1-888-888-9355 Extension: Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road, Ren 1, 3rd Floor City: Tampa State: FL Zip: 33634 Last Updated: 09/19/2014

Legal Entity Name: WELLCARE OF FLORIDA, INC. Contract Number: H1032	
Organization Marketing Name: WellCare	
Parent Organization: WellCare Health Plans, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2000 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 107,624 Legal Entity Address: 8735 Henderson Road City: TAMPA State: FL Zip: 33634	Contact Title: Name: Website Inquiries Phone: 1-888-888-9355 Extension: Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road, Ren 1, 3rd Floor City: Tampa State: FL Zip: 33634 Last Updated: 09/19/2014

Legal Entity Name: WELLCARE OF GEORGIA, INC. **Contract Number:** H1112
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Website Inquiries
Contract Effective Date: 07/01/2005	Phone: 1-888-888-9355
Tax Status: For Profit	Extension:
CMS Region Responsible: Atlanta	Fax:
Enrollment: 34,719	Email: contactus@wellcare.com
Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Address: 8735 Henderson Road, Ren 1, 3rd Floor City: Tampa State: FL Zip: 33634
	Last Updated: 09/19/2014

Legal Entity Name: WELLCARE OF LOUISIANA, INC. **Contract Number:** H1903
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Local CCP	Contact Title:
Plan Type: HMO/HMOPOS	Name: Website Inquiries
Contract Effective Date: 09/01/2004	Phone: 1-888-888-9355
Tax Status: For Profit	Extension: Fax:
CMS Region Responsible: Atlanta	Email: contactus@wellcare.com
Enrollment: 9,993	Address: 8735 Henderson Road, Ren 1, 3rd Floor
Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	City: Tampa State: FL Zip: 33634
	Last Updated: 09/19/2014

Legal Entity Name: WELLCARE OF NEW YORK, INC. **Contract Number:** H2751
Organization Marketing Name: WellCare Advocate Complete FIDA
Parent Organization: WellCare Health Plans, Inc.

Organization Type: Demo	Contact Title:
Plan Type: Medicare-Medicaid Plan HMO/HMOPOS	Name: Website Inquiries
Contract Effective Date: 01/01/2015	Phone: 1-888-888-9355
Tax Status: For Profit	Extension:
CMS Region Responsible: New York	Fax:
Enrollment: 368	Email: contactus@wellcare.com
Legal Entity Address: 8735 Henderson Road	Address: 8735 Henderson Road, Ren 1, 3rd Floor
City: Tampa State: FL Zip: 33634	City: Tampa State: FL Zip: 33634
	Last Updated: 09/19/2014

Legal Entity Name: WELLCARE OF NEW YORK, INC. Contract Number: H3361 Organization Marketing Name: WellCare Parent Organization: WellCare Health Plans, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 09/01/1995 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 46,394 Legal Entity Address: P.O.BOX 1652 City: NEWBURGH State: NY Zip: 12551	Contact Title: Name: Website Inquiries Phone: 1-888-888-9355 Extension: Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road, Ren 1, 3rd Floor City: Tampa State: FL Zip: 33634 Last Updated: 09/19/2014
Legal Entity Name: WELLCARE OF TEXAS, INC. Contract Number: H1264 Organization Marketing Name: WellCare Parent Organization: WellCare Health Plans, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2008 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 34,310 Legal Entity Address: 8735 Henderson Rd Ren 1 City: Tampa State: FL Zip: 33634	Contact Title: Name: Website Inquiries Phone: 1-888-888-9355 Extension: Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road, Ren 1, 3rd Floor City: Tampa State: FL Zip: 33634 Last Updated: 09/19/2014
Legal Entity Name: WINDSOR HEALTH PLAN, INC. Contract Number: H5698 Organization Marketing Name: WellCare Parent Organization: WellCare Health Plans, Inc.	
Organization Type: Local CCP Plan Type: HMO/HMOPOS Contract Effective Date: 01/01/2006 Tax Status: For Profit CMS Region Responsible: Atlanta Enrollment: 40,245 Legal Entity Address: 7100 Commerce Way, Ste 285 City: Brentwood State: TN Zip: 37027	Contact Title: Name: Website Inquiries Phone: 1-888-888-9355 Extension: Fax: Email: contactus@wellcare.com Address: 8735 Henderson Road, Ren 1, 3rd Floor City: Tampa State: FL Zip: 33634 Last Updated: 09/19/2014

