



Medicare Advantage Claims Processing Contacts

Sorted by Contract Number

CBC/POAG/DPD
July 2007

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 Beneficiary Choices/Plan Oversight and Accountability Group/Division of Plan (CBC/POAG/DPD).
3. This directory will be updated on a monthly basis.
4. The MA claims processing 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 > MA Claims Processing Contact.
5. Pilot contracts are excluded from this directory.

Contract Number: 90091
Legal Entity Name: UNITED MINE WORKERS OF AMERICA
Organization Marketing Name: United Mine Workers of America
Parent Organization: UNITED MINE WORKERS OF AMERICA
Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost
Contract Effective Date: 2/1/1974

MA Contact: No contact data submitted

Name:

Phone:

Extension:

Fax:

Email:

Address:

City:

State:

Zip:

Last Updated:

Contract Number: E5088
Legal Entity Name: DESERET HEALTHCARE EMPLOYEE BENEFITS TRUST
Organization Marketing Name: Deseret Mutual
Parent Organization: DMBA (Deseret Mutual Benefit Administrators)
Organization Type: Employer/Union Only Direct Contract PFFS
Plan Type: Employer/Union Only Direct Contract PFFS
Contract Effective Date: 1/1/2007

MA Contact:

Name: Tracy Gould

Phone: 1-801-578-5746

Extension:

Fax: 1-801-578-5903

Email: tgould@dmba.com

Address: 60 East South Temple

City: Salt Lake City

State: UT

Zip: 84111

Last Updated: 5/3/2006

Contract Number: H0104
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF ALABAMA
Organization Marketing Name: Blue Cross Blue Shield of Alabama
Parent Organization: BlueCross BlueShield of Alabama
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact: Operations Manager Blue Advantage

Name: Ashley Mosko

Phone: 1-205-220-6401

Extension:

Fax:

Email: amosko@bcbsal.org

Address: 450 Riverchase Parkway East

City: Birmingham

State: AL

Zip: 35244

Last Updated: 7/27/2005

Contract Number: H0150
Legal Entity Name: HEALTHSPRING OF ALABAMA, INC.
Organization Marketing Name: Healthspring of Alabama, Inc.
Parent Organization: NewQuest Health Solutions LLC
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 3/1/1994

MA Contact: Vice President, Business Service Operations

Name: Beth Keisler

Phone: 1-615-291-7000

Extension: 2511

Fax:

Email: bethk@myhealthspring.com

Address: 44 Vantage Way Suite 300

City: Nashville

State: TN

Zip: 37228

Last Updated: 9/14/2005

Contract Number: H0151
Legal Entity Name: UNITED HEALTHCARE OF ALABAMA, INC.
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 2/1/1995

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/3/2005

Contract Number: H0154
Legal Entity Name: VIVA HEALTH, INC.
Organization Marketing Name: VIVA Medicare Plus
Parent Organization: UAB Health System
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 5/1/1998

MA Contact: Supervisor of Medicare Claims
Name: Treasure McGee
Phone: 1-205-939-0819
Extension:
Fax: 1-205-930-5597
Email: tmcgee@uabmc.edu
Address: 1222 14th Avenue South

City: Birmingham
State: AL
Zip: 35205

Last Updated: 9/6/2006

Contract Number: H0251
Legal Entity Name: UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.
Organization Marketing Name: AmeriChoice Secure Plus Complete
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Manager, Claims
Name: Donna Luchman
Phone: 1-309-762-2310
Extension:
Fax:
Email: donna_k_luchman@uhc.com
Address: 3800 Avenue of the Cities, Suite 200

City: Moline
State: IL
Zip: 61265

Last Updated: 3/27/2007

Contract Number: H0302
Legal Entity Name: SUN HEALTH MEDISUN, INC.
Organization Marketing Name: Sun Health MediSunONE
Parent Organization: Sun Health Corporation
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 8/1/1999

MA Contact: Director, Medical Economics
Name: Diane Icard
Phone: 1-623-544-7446
Extension:
Fax: 1-623-544-7450
Email: diane.icard@sunhealth.org
Address: P.O. Box 1489
13632 N. 99th Ave Suite B

City: Sun City
State: AZ
Zip: 85372

Last Updated: 7/28/2005

Contract Number: H0303
Legal Entity Name: PACIFICARE OF ARIZONA, INC
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 4/1/1986

MA Contact:

Name: Judith Valenzuela
Phone: 1-480-377-5004
Extension:
Fax:
Email: judith.valenzuela@phs.com
Address: 4601 E Hilton Avenue

City: Phoenix
State: AZ
Zip: 85034

Last Updated: 9/12/2006

Contract Number: H0307
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 4/1/1988

MA Contact:

Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 101 East Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H0316
Legal Entity Name: UNITEDHEALTHCARE OF ARIZONA INC
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 9/1/2004

MA Contact:

Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/3/2005

Contract Number: H0317
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.

Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2005

MA Contact:

Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 101 East Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H0318
Legal Entity Name: AETNA HEALTH INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact: Head of Regulatory Mgmt and Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714
City: Oklahoma City
State: OK
Zip: 73101
Last Updated: 4/6/2007

Contract Number: H0319
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« Health Plans
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2005

MA Contact: Director of Operations
Name: Leslie K Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000
City: Eau Claire
State: WI
Zip: 54701
Last Updated: 4/17/2006

Contract Number: H0320
Legal Entity Name: ARCADIAN HEALTH PLAN, INC.
Organization Marketing Name: Desert Canyon Community Care
Parent Organization: Arcadian Management Services Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact: Vice President of Claims
Name: Mae Regalado
Phone: 1-909-971-6703
Extension:
Fax: 1-909-971-6753
Email: mregalado@arcadianhealth.com
Address: 955 Overland Court, Second Floor
City: San Dimas
State: CA
Zip: 91773
Last Updated: 6/8/2007

Contract Number: H0321
Legal Entity Name: ARIZONA PHYSICIANS IPA, INC.
Organization Marketing Name: APIPA Personal Care Plus
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 9/1/2005

MA Contact: Manager, Operations
Name: Shevawn Molina
Phone: 1-602-651-6216
Extension:
Fax: 1-602-664-5335
Email: shevawn_molina@uhc.com
Address: 3141 North Third Ave
AZ060-S225
City: Phoenix
State: AZ
Zip: 85013
Last Updated: 5/23/2007

Contract Number: H0322
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 8/1/2005

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714
City: Oklahoma City
State: OK
Zip: 73101
Last Updated: 4/6/2007

Contract Number: H0351
Legal Entity Name: HEALTH NET OF ARIZONA, INC.
Organization Marketing Name: Health Net of Arizona, Inc.
Parent Organization: Health Net, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 3/1/1992

MA Contact: Director, Claims
Name: Silvia Hay
Phone: 1-203-402-6141
Extension:
Fax:
Email: silvia.hay@healthnet.com
Address: Health Net of Arizona Claims - ACS/Health Net
P.O. Box 14225
City: Lexington
State: KY
Zip: 40512-4225
Last Updated: 4/23/2007

Contract Number: H0354
Legal Entity Name: CIGNA HEALTHCARE OF ARIZONA, INC.
Organization Marketing Name: CIGNA HealthCare of Arizona
Parent Organization: CIGNA
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 12/1/1992

MA Contact: Director of Claims
Name: Kerrey Hunt
Phone: 1-602-371-2690
Extension:
Fax:
Email: kerrey.hunt@cigna.com
Address: 11001 N. Black Canyon Highway
City: Phoenix
State: AZ
Zip: 85029
Last Updated: 7/28/2006

Contract Number: H0401
Legal Entity Name: UNITEDHEALTHCARE OF ARKANSAS, INC.
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacifcare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive
City: Eau Claire
State: WI
Zip: 54701
Last Updated: 8/3/2005

Contract Number: H0408
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: United HealthCare Insurance Company
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/19/2006

Contract Number: H0410
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Erickson Advantage
Parent Organization: UHC - Pacificare
Organization Type: Demo
Plan Type: Continuing Care Retirement Community
Contract Effective Date: 1/1/2007

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/19/2006

Contract Number: H0502
Legal Entity Name: CONTRA COSTA HEALTH PLAN
Organization Marketing Name: Contra Costa Health Plan
Parent Organization: Contra Costa Health Services
Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 7/1/1977

MA Contact: Business Services Manager
Name: Cindy Shelby
Phone: 1-925-313-6000
Extension:
Fax:
Email: cshelby@hsd.cccounty.us
Address: 595 Center Ave
Suite 100

City: Martinez
State: CA
Zip: 94553

Last Updated: 2/27/2007

Contract Number: H0504
Legal Entity Name: CALIFORNIA PHYSICIANS' SERVICE
Organization Marketing Name: Blue Shield of California
Parent Organization: Blue Shield of California
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 5/1/1996

MA Contact: Sr. Operations Manager, Claims, Customer Service
Name: Larry Wilson
Phone: 1-818-228-6029
Extension:
Fax: 1-818-228-5130
Email: Larry.Wilson@Blueshieldca.com
Address: 6300 Canoga Avenue

City: Woodland Hills
State: CA
Zip: 91367

Last Updated: 1/24/2007

Contract Number: H0523
Legal Entity Name: AETNA HEALTH OF CALIFORNIA, INC. Organization Type: Local CCP
Organization Marketing Name: Aetna Medicare Plan Type: HMO/HMOPOS
Parent Organization: Aetna Inc. Contract Effective Date: 5/1/1986

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714
City: Oklahoma City
State: OK
Zip: 73101
Last Updated: 4/6/2007

Contract Number: H0524
Legal Entity Name: KAISER FOUNDATION HP, INC. Organization Type: Local CCP
Organization Marketing Name: Kaiser Permanente Plan Type: HMO/HMOPOS
Parent Organization: Kaiser Permanente Contract Effective Date: 8/1/1987

MA Contact: Medicare Compliance Officer
Name: Jason Hall
Phone: 1-626-405-5333
Extension:
Fax:
Email: Jason.Hall@kp.org
Address: 393 E. Walnut Street, Floor 5

City: Pasadena
State: CA
Zip: 91188
Last Updated: 7/27/2005

Contract Number: H0532
Legal Entity Name: WESTERN HEALTH ADVANTAGE Organization Type: Local CCP
Organization Marketing Name: Western Health Advantage Plan Type: HMO/HMOPOS
Parent Organization: Western Health Advantage Contract Effective Date: 8/1/1999

MA Contact: Compliance Specialist
Name: Jamie Hershman
Phone: 1-916-563-2217
Extension:
Fax: 1-916-563-3182
Email: j.hershman@westernhealth.com
Address: 1331 Garden Hwy., Ste. 100

City: Sacramento
State: CA
Zip: 95833
Last Updated: 2/1/2006

Contract Number: H0540
Legal Entity Name: UNICARE LIFE AND HEALTH INS. COMPANY Organization Type: PFFS
Organization Marketing Name: Unicare Life & Health Ins. Company Plan Type: PFFS
Parent Organization: Wellpoint, Inc. Contract Effective Date: 4/1/2003

MA Contact: Manager II, Customer Care Multi
Name: Debra Kaiser
Phone: 1-920-923-8339
Extension:
Fax:
Email: debra.kaiser@wellpoint.com
Address: 145 S. Pioneer Blvd
Mail Stop WIW201-FDL
City: Fon Du Lac
State: WI
Zip: 54935
Last Updated: 4/29/2006

Contract Number: H0542
Legal Entity Name: ALTAMED HEALTH SERVICES CORPORATION
Organization Marketing Name: AltaMed Senior BuenaCare
Parent Organization: Altamed Health Services Corporation
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2002

MA Contact: Center Manager
Name: Jennifer Spalding
Phone: 1-323-832-7601
Extension:
Fax:
Email: jspalding@altamed.org
Address: 5425 E. Pomona Blvd.

City: Los Angeles
State: CA
Zip: 90022

Last Updated: 10/11/2005

Contract Number: H0543
Legal Entity Name: PACIFICARE OF CALIFORNIA/SECURE HORIZONS
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 6/1/1985

MA Contact: Dir, Cust Svc Ctr-II
Name: Debbie A Salas
Phone: 1-714-226-4720
Extension:
Fax: 1-714-226-4640
Email: Debbie.Salas@phs.com
Address: 10801 Walker Drive M/S CY48-117

City: Cypress
State: CA
Zip: 90630

Last Updated: 8/2/2005

Contract Number: H0544
Legal Entity Name: CAREMORE HEALTH PLAN
Organization Marketing Name: CareMore Health Plan
Parent Organization: CareMore Medical Enterprises
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 2/1/2003

MA Contact:
Name: Stacy Brouhard
Phone: 1-562-741-4400
Extension:
Fax:
Email: stacy.brouhard@caremore.org
Address: 12900 Park Plaza Drive
Suite 150

City: Cerritos
State: CA
Zip: 90703

Last Updated: 10/12/2006

Contract Number: H0545
Legal Entity Name: INTER VALLEY HEALTH PLAN, INC.
Organization Marketing Name: Inter Valley Health Plan
Parent Organization: InterValley Health Plan
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 6/1/1986

MA Contact: Director Information Technology
Name: Bill Chen
Phone: 1-800-251-8191
Extension: 206
Fax: 1-909-623-5043
Email: cmscasework@jvhp.com
Address: PO Box 6002
300 South Park Ave, Suite 300

City: Pomona
State: CA
Zip: 91769-6002

Last Updated: 4/28/2006

Contract Number: H0562
Legal Entity Name: HEALTH NET_OF CA
Organization Marketing Name: Health Net Of CA
Parent Organization: Health Net, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/1/1992

MA Contact: Lead Customer Service Representative
Name: Joseph A Varga
Phone: 1-818-676-6591
Extension:
Fax: 1-818-676-8100
Email: joseph.a.varga@healthnet.com
Address: Health Net Claims Department
P.O. Box 14703
City: Lexington
State: KY
Zip: 40512
Last Updated: 4/23/2007

Contract Number: H0564
Legal Entity Name: BLUE CROSS OF CALIFORNIA
Organization Marketing Name: Blue Cross of California
Parent Organization: Wellpoint, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 6/1/1993

MA Contact: Manager II, Customer Care Multi
Name: Debra Kaiser
Phone: 1-920-923-8339
Extension:
Fax:
Email: debra.kaiser@wellpoint.com
Address: 145 S. Pioneer Blvd,
Mail Stop WIW201-FDL
City: Fon Du Lac
State: WI
Zip: 54935
Last Updated: 2/22/2007

Contract Number: H0571
Legal Entity Name: CHINESE COMMUNITY HEALTH PLAN
Organization Marketing Name: Chinese Community Health Plan
Parent Organization: Chinese Community Health Plan
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 8/1/1994

MA Contact: Director of Operation
Name: Amy Lee
Phone: 1-415-955-8800
Extension: 3247
Fax: 1-415-955-8812
Email: Alee@cchphmo.com
Address: 445 Grant Avenue
Suite 700
City: San Francisco
State: CA
Zip: 94108
Last Updated: 10/9/2006

Contract Number: H0602
Legal Entity Name: ROCKY MOUNTAIN HEALTH PLANS
Organization Marketing Name: Rocky Mountain Health Plans
Parent Organization: Rocky Mountain Health Plans (RMHP)
Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 11/1/1977

MA Contact: Claims Manager - Government Products
Name: Judi Everett
Phone: 1-970-244-7760
Extension:
Fax: 1-970-244-7880
Email: judi.everett@rmhp.org
Address: PO Box 10600
City: Grand Junction
State: CO
Zip: 81502
Last Updated: 5/2/2007

Contract Number: H0609
Legal Entity Name: PACIFICARE OF COLORADO, INC
Organization Marketing Name: AARP MedicareComplete provided by SecureHorizons
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/1986

MA Contact:
Name: Judith Valenzuela
Phone: 1-480-377-5004
Extension:
Fax:
Email: judith.valenzuela@phs.com
Address: 460 E Hilton Ave

City: Phoenix
State: AZ
Zip: 85034

Last Updated: 9/12/2006

Contract Number: H0613
Legal Entity Name: TOTAL LONGTERM CARE, INC.
Organization Marketing Name: Total Longterm Care, Inc.
Parent Organization: Total Longterm Care, Inc.
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 4/1/2003

MA Contact: ARRA Supervisor
Name: Matt Zimmerman
Phone: 1-303-869-4664
Extension:
Fax: 1-303-996-1600
Email: mzimmerman@totalongtermcare.org
Address: 200 E 9th Ave

City: Denver
State: CO
Zip: 80203

Last Updated: 3/13/2007

Contract Number: H0620
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« Health Plans
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2005

MA Contact: Director of Operations
Name: Leslie K Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com

Address: 2725 Mall Drive
WI080-1000
City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/17/2006

Contract Number: H0621
Legal Entity Name: COLORADO ACCESS
Organization Marketing Name: Colorado Access
Parent Organization: Colorado Access
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 2/1/2005

MA Contact: Claims Supervisor
Name: Delicia Johnson
Phone: 1-720-744-5311
Extension:
Fax:
Email: delicia.johnson@coaccess.com
Address: 10065 E. Harvard Ave.
Suite 600

City: Denver
State: CO
Zip: 80231

Last Updated: 5/31/2006

Contract Number: H0623
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 101 East Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H0624
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« Health Plans
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact: Director of Operations
Name: Leslie K Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/17/2006

Contract Number: H0630
Legal Entity Name: KAISER FOUNDATION HP OF CO
Organization Marketing Name: Kaiser Permanente
Parent Organization: Kaiser Permanente
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1986

MA Contact: Claims and Referrals Manager
Name: Carol Pickens
Phone: 1-303-338-3601
Extension:
Fax: 1-303-338-3919
Email: carol.m.pickens@kp.org
Address: 2500 S. Havana St.

City: Aurora
State: CO
Zip: 80014

Last Updated: 2/27/2006

Contract Number: H0657
Legal Entity Name: COLORADO CHOICE HEALTH PLANS
Organization Marketing Name: San Luis Valley HMO
Parent Organization: HMO Health Plans, Inc.
Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 1/1/1994

MA Contact: Senior Director of Operations
Name: Joyce F Little
Phone: 1-719-589-3696
Extension:
Fax: 1-719-589-4901
Email: jlittle@slvhmo.com
Address: 700 Main Street, Suite 100

City: Alamosa
State: CO
Zip: 81101

Last Updated: 9/15/2005

Contract Number: H0710
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« Health Plans
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2004

MA Contact: Director of Operations
Name: Leslie K Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000
City: Eau Claire
State: WI
Zip: 54701
Last Updated: 4/17/2006

Contract Number: H0712
Legal Entity Name: WELLCARE OF CONNECTICUT, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 5/1/2005

MA Contact: Director Claims
Name: Patricia Thomas
Phone: 1-813-290-6200
Extension: 3711
Fax:
Email: patricia.thomas@WellCare.com
Address: 8735 Henderson Rd.
Ren 2
City: Tampa
State: FL
Zip: 33634
Last Updated: 1/15/2007

Contract Number: H0752
Legal Entity Name: OXFORD HEALTH PLANS (CT), INC.
Organization Marketing Name: SecureHorizons by UnitedHealthCare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/1/1995

MA Contact:
Name: Michael Santoro
Phone: 1-203-459-7853
Extension:
Fax:
Email: msantoro@oxhp.com
Address: 48 Monroe Turnpike
CT015-1000
City: Trumbull
State: CT
Zip: 06611
Last Updated: 5/1/2007

Contract Number: H0755
Legal Entity Name: HEALTH NET OF CONNECTICUT
Organization Marketing Name: Health Net of Connecticut
Parent Organization: Health Net, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 12/1/1995

MA Contact: Manager, Calls and Claims, NE Operations
Name: Beth J Kelly
Phone: 1-203-402-4273
Extension:
Fax:
Email: beth.j.kelly@healthnet.com
Address: Medicare Advantage Claims Processing
100 Beard Sawmill Rd., M/S CT-104-06-11
City: Shelton
State: CT
Zip: 06484
Last Updated: 3/30/2007

Contract Number: H0838
Legal Entity Name: HMO CALIFORNIA
Organization Marketing Name: Brand New Day
Parent Organization: Universal Care, Inc
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 4/1/2006

MA Contact: Vice President Medicare Operations & Compliance
Name: Connie Snyder
Phone: 1-562-981-5054
Extension:
Fax: 1-562-981-5818
Email: connie_snyder@universalcare.com
Address: 1600 East Hill Street

City: Signal Hill
State: CA
Zip: 90755

Last Updated: 5/25/2006

Contract Number: H0846
Legal Entity Name: FIRST HEALTH LIFE AND HEALTH INSURANCE COMPANY
Organization Marketing Name: Advantra« Freedom
Parent Organization: Coventry Health Care Inc.
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2007

MA Contact: Director of Service Operations
Name: Meg Knight
Phone: 1-800-713-5095
Extension:
Fax:
Email: Mknight@cvty.com
Address: Advantra Freedom/Coventry Health Care, Inc
PO Box 7154

City: London
State: KY
Zip: 40742

Last Updated: 3/27/2007

Contract Number: H0901
Legal Entity Name: AETNA HEALTH INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway

City: Oklahoma City
State: OK
Zip: 73101

Last Updated: 4/6/2007

Contract Number: H0902
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 9/1/2005

MA Contact: Head of Regulatory Mgmt and Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714

City: Oklahoma City
State: OK
Zip: 73101

Last Updated: 4/6/2007

Contract Number: H0974
Legal Entity Name: HMO MINNESOTA D/B/A BLUE PLUS
Organization Marketing Name: CareBlue
Parent Organization: Blue Cross and Blue Shield of Minnesota
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Manager, Government Programs Operations
Name: Cathy Birkholz
Phone: 1-651-662-9415
Extension:
Fax:
Email: Cathy_A_Birkholz@bluecrossmn.com
Address: 3400 Yankee Drive

City: Eagan
State: MN
Zip: 55122

Last Updated: 5/4/2007

Contract Number: H1013
Legal Entity Name: VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.
Organization Marketing Name: Vista Healthplan of South Florida, Inc.
Parent Organization: VISTA
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 6/1/1987

MA Contact: Vice President
Name: Ted Jones
Phone: 1-954-858-3440
Extension:
Fax: 1-954-858-3695
Email: ted.jones@vistahealthplan.com
Address: 1340 Concord Terrace

City: Sunrise
State: FL
Zip: 33323

Last Updated: 2/2/2007

Contract Number: H1016
Legal Entity Name: AVMED, INC
Organization Marketing Name: AvMed Medicare Preferred
Parent Organization: AvMed Health Plans
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 9/1/1987

MA Contact: Director, Claims Operations
Name: Helen Creech
Phone: 1-352-337-8833
Extension:
Fax: 1-352-337-8820
Email: Helen.creech@avmed.org
Address: AvMed Health Plans
4300 NW 89 Blvd.

City: Gainesville
State: FL
Zip: 32606

Last Updated: 8/21/2006

Contract Number: H1019
Legal Entity Name: CARE PLUS HEALTH PLAN
Organization Marketing Name: CarePlus Health Plans, Inc.
Parent Organization: Humana Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 2/1/1998

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 101 East Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H1026
Legal Entity Name: HEALTH OPTIONS, INC
Organization Marketing Name: Health Options, Inc / Blue Cross Blue Shield of FL
Parent Organization: Blue Cross and Blue Shield of Florida
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 8/1/1986

MA Contact:

Name: CSR Customer Service Ops
Phone: 1-800-926-6565
Extension:
Fax:
Email: support@bcbsfl.com
Address: 8400 NW 33rd St
Suite 100
City: Miami
State: FL
Zip: 33122-1932

Last Updated: 3/9/2007

Contract Number: H1032
Legal Entity Name: WELL CARE OF FLORIDA, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2000

MA Contact: Director, Claims

Name: Patricia Thomas
Phone: 1-813-290-6200
Extension: 3711
Fax: 1-813-675-2650
Email: patricia.thomas@WellCare.com
Address: 8735 Henderson Rd, Ren 2

City: Tampa
State: FL
Zip: 33634

Last Updated: 1/15/2007

Contract Number: H1034
Legal Entity Name: AMERICA'S HEALTH CHOICE MEDICAL PLAN
Organization Marketing Name: America's Health Choice
Parent Organization: America's Health Choice Medical Plans, Inc
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2000

MA Contact: Director of Claims

Name: James Robinson
Phone: 1-772-794-0030
Extension: 1030
Fax:
Email: jrobinson@americashealthchoice.com
Address: 1175 South US Highway 1

City: Vero Beach
State: FL
Zip: 32962

Last Updated: 12/21/2006

Contract Number: H1035
Legal Entity Name: FLORIDA HEALTH CARE PLAN, INC.
Organization Marketing Name: Florida Health Care Plan, Inc.
Parent Organization: Halifax Community Health System
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 11/1/1985

MA Contact: Provider Services Administrator

Name: Sherrie Hutchinson
Phone: 1-800-352-9824
Extension: 4020
Fax:
Email: shutchin@fhcp.com
Address: 1340 Ridgewood Avenue

City: Holly Hill
State: FL
Zip: 32117

Last Updated: 4/18/2006

Contract Number: H1036
Legal Entity Name: HUMANA MEDICAL PLAN, INC
Organization Marketing Name: Humana Medical Plan, Inc.
Parent Organization: Humana Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 2/1/1986

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 101 East Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H1037
Legal Entity Name: CHOICE CARE HEALTH PLAN, INC.
Organization Marketing Name: Choice Care Health Plan, Inc.
Parent Organization: Choice Care Health Plan, Inc.
Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost
Contract Effective Date: 2/1/2000

MA Contact:
Name: to b determined
Phone: 1-123-123-4567
Extension:
Fax:
Email: tbd@qualitymedicalcare.net
Address: P.O. Box 1980

City: Melbourne
State: FL
Zip: 32902

Last Updated: 9/14/2005

Contract Number: H1043
Legal Entity Name: FLORIDA PACE CENTERS, INC.
Organization Marketing Name: Florida Pace Centers, Inc.
Parent Organization: Florida PACE Centers, Inc.
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 1/1/2003

MA Contact: Chief Financial Officer
Name: Eyta Brafman
Phone: 1-305-751-8626
Extension: 2509
Fax: 1-305-762-1431
Email: ebrafman@mjhha.org
Address: 5200 NE 2nd Avenue

City: Miami
State: FL
Zip: 33137

Last Updated: 5/26/2006

Contract Number: H1045
Legal Entity Name: PREFERRED CARE PARTNERS INC.
Organization Marketing Name: Preferred Care Partners, Inc.
Parent Organization: Preferred Care Partners Inc.
Organization Type: Local CCP
Plan Type: PSO (State License)
Contract Effective Date: 8/1/2002

MA Contact: Claims Director
Name: Elizabeth Pierre
Phone: 1-305-670-8440
Extension: 1260
Fax:
Email: esamuels@mypreferredcare.com
Address: 9100 S. Dadeland Blvd.
Suite 1250

City: Miami
State: FL
Zip: 33156

Last Updated: 2/20/2007

Contract Number: H1076
Legal Entity Name: VISTA HEALTHPLAN, INC.
Organization Marketing Name: Vista Healthplan, Inc.
Parent Organization: VISTA
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1995

MA Contact: Vice President
Name: Ted Jones
Phone: 1-954-858-3440
Extension:
Fax: 1-954-858-3695
Email: ted.jones@vistahealthplan.com
Address: 1340 Concord Terrace

City: Sunrise
State: FL
Zip: 33323

Last Updated: 2/2/2007

Contract Number: H1080
Legal Entity Name: UNITED HEALTHCARE OF FL, INC.
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1996

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/3/2005

Contract Number: H1099
Legal Entity Name: HEALTH FIRST HEALTH PLANS, INC.
Organization Marketing Name: Health First Medicare Plans
Parent Organization: Health First
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 4/1/1997

MA Contact: Director of Government Programs & Compliance
Name: Beth Fleming
Phone: 1-321-434-5617
Extension:
Fax: 1-321-434-4361
Email: Beth.Fleming@health-first.org
Address: 6450 US Highway 1

City: Rockledge
State: FL
Zip: 32955-5747

Last Updated: 9/11/2006

Contract Number: H1108
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« Health Plans
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2005

MA Contact: Director of Operations
Name: Leslie K Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/17/2006

Contract Number: H1109
Legal Entity Name: AETNA HEALTH INC.(GEORGIA)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact: Head of Regulatory Mgmt & Claims Services

Name: Rhonda Arvin
Phone: 1-405-794-7040

Extension:

Fax: 1-860-262-9642

Email: ArvinRG@aetna.com

Address: 3030 Northwest Expressway
MS F714

City: Oklahoma City

State: OK

Zip: 73101

Last Updated: 4/6/2007

Contract Number: H1110
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 8/1/2005

MA Contact: Head of Regulatory Mgmt & Claims Services

Name: Rhonda Arvin
Phone: 1-405-794-7040

Extension:

Fax: 1-860-262-9642

Email: ArvinRG@aetna.com

Address: 3030 Northwest Expressway
MS F174

City: Oklahoma City

State: OK

Zip: 73101

Last Updated: 4/6/2007

Contract Number: H1111
Legal Entity Name: UNITED HEALTHCARE OF GEORGIA, INC.
Organization Marketing Name: SecureHorizons
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact:

Name: Leslie Sheldon
Phone: 1-715-858-2295

Extension:

Fax:

Email: leslie_k_sheldon@uhc.com

Address: 2725 Mall Drive

City: Eau Claire

State: WI

Zip: 54701

Last Updated: 8/3/2005

Contract Number: H1112
Legal Entity Name: WELLCARE OF GEORGIA, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact: Director, Claims

Name: Patricia Thomas
Phone: 1-888-888-8935

Extension: 3711

Fax: 1-813-675-2650

Email: patricia.thomas@wellcare.com

Address: 8735 Henderson Rd
Ren 2

City: Tampa

State: FL

Zip: 33634

Last Updated: 1/15/2007

Contract Number: H1170
Legal Entity Name: KAISER FOUNDATION HP OF GA, INC. Organization Type: Local CCP
Organization Marketing Name: Kaiser Permanente Senior Advantage Plan Type: HMO/HMOPOS
Parent Organization: Kaiser Permanente Contract Effective Date: 1/1/1997

MA Contact:

Name: Barbara Brown
Phone: 1-404-364-7379
Extension:
Fax:
Email: Barbara.Brown@kp.org
Address: 3495 Piedmont Road NE

City: Atlanta
State: GA
Zip: 30305

Last Updated: 9/7/2005

Contract Number: H1200
Legal Entity Name: KAISER FOUNDATION HP, INC. Organization Type: 1876 Cost
Organization Marketing Name: Kaiser Foundation Health Plan, Inc. Plan Type: 1876 Cost
Parent Organization: Kaiser Permanente Contract Effective Date: 1/1/1987

MA Contact:

Name: Claims Administration
Phone: 1-877-875-3805
Extension:
Fax:
Email: katherine.longstaff@kp.org
Address: Claims Administration
80 Mahalani Street

City: Wailuku
State: HI
Zip: 96793

Last Updated: 3/28/2007

Contract Number: H1230
Legal Entity Name: KAISER FOUNDATION HP, INC. Organization Type: Local CCP
Organization Marketing Name: Kaiser Foundation Health Plan, Inc. (Hawaii) Plan Type: HMO/HMOPOS
Parent Organization: Kaiser Permanente Contract Effective Date: 5/1/1986

MA Contact:

Name: Claims Administration
Phone: 1-877-875-3805
Extension:
Fax:
Email: katherine.longstaff@kp.org
Address: Claims Administration
80 Mahalani Street

City: Wailuku
State: HI
Zip: 96793

Last Updated: 3/28/2007

Contract Number: H1251
Legal Entity Name: HAWAII MED. SRVC. ASSN. Organization Type: 1876 Cost
Organization Marketing Name: HMSA's 65C Plus Plan Type: 1876 Cost
Parent Organization: Hawaii Medical Service Association Contract Effective Date: 1/1/1998

MA Contact: Supervisor

Name: Jenell Juarez
Phone: 1-808-948-5288
Extension:
Fax: 1-808-948-6585
Email: Jenell_Juarez@hmsa.com

Address: 8 - CA
818 Keeaumoku St
City: Honolulu
State: HI
Zip: 96814

Last Updated: 1/16/2007

Contract Number: H1254
Legal Entity Name: UPMC HEALTH BENEFITS, INC. Organization Type: PFFS
Organization Marketing Name: UPMC Health Plan Plan Type: PFFS
Parent Organization: University of Pittsburgh Medical Center Contract Effective Date: 1/1/2007

MA Contact: Manager, Medicare Operations

Name: John O Cain

Phone: 1-412-454-5539

Extension:

Fax:

Email: cainjo@upmc.edu

Address: 112 Washington Place

City: Pittsburgh

State: PA

Zip: 15219

Last Updated: 4/11/2006

Contract Number: H1286
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY Organization Type: Local CCP
Organization Marketing Name: SecureHorizons by UnitedHealthcare Plan Type: HMO/HMOPOS
Parent Organization: UHC - PacifiCare Contract Effective Date: 1/1/2007

MA Contact:

Name: Leslie Sheldon

Phone: 1-715-858-2295

Extension:

Fax:

Email: leslie_k_sheldon@uhc.com

Address: 2725 Mall Dr

City: Eau Claire

State: WI

Zip: 54701

Last Updated: 4/19/2006

Contract Number: H1302
Legal Entity Name: BLUE CROSS OF IDAHO HLTH SERVICES INC Organization Type: Local CCP
Organization Marketing Name: Blue Cross Of Idaho Hlth Services Inc Plan Type: Local PPO
Parent Organization: Blue Cross of Idaho Health Services, Inc. Contract Effective Date: 7/1/2005

MA Contact: Medicare Advantage Operations Manager

Name: Gwen Ohlson

Phone: 1-208-387-6822

Extension:

Fax: 1-208-387-6811

Email: gohlson@bcidaho.com

Address: 3000 E. Pine Ave.

City: Meridian

State: ID

Zip: 83642

Last Updated: 7/27/2005

Contract Number: H1303
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY Organization Type: Local CCP
Organization Marketing Name: SecureHorizons by UnitedHealthcare Plan Type: Local PPO
Parent Organization: UHC - PacifiCare Contract Effective Date: 9/1/2005

MA Contact:

Name: Leslie Sheldon

Phone: 1-715-858-2295

Extension:

Fax:

Email: leslie_k_sheldon@uhc.com

Address: 2725 Mall Drive

City: Eau Claire

State: WI

Zip: 54701

Last Updated: 8/3/2005

Contract Number: H1304
Legal Entity Name: REGENCE BLUE SHIELD OF IDAHO
Organization Marketing Name: Regence BlueShield Of Idaho
Parent Organization: The Regence Group
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact: Manager Claims Processing
Name: Holly M Moore
Phone: 1-503-587-3274
Extension:
Fax:
Email: hmjacks@regence.com
Address: 201 High Street, SE
PO Box 12625
City: Salem
State: OR
Zip: 97309-0625
Last Updated: 5/22/2007

Contract Number: H1340
Legal Entity Name: ADVANCE/WELLCARE PFFS INSURANCE, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2007

MA Contact: Director, Claims
Name: Vince Geraci
Phone: 1-813-290-6200
Extension: 6028
Fax:
Email: vince.geraci@wellcare.com
Address: 8735 Henderson Rd Ren 2

City: Tampa
State: FL
Zip: 33634
Last Updated: 4/27/2007

Contract Number: H1349
Legal Entity Name: REGENCE BLUESHIELD OF IDAHO.
Organization Marketing Name: Regence BlueShield of Idaho
Parent Organization: The Regence Group
Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 1/1/1997

MA Contact: Manager, Medicare Claims Processing
Name: Kari Favor
Phone: 1-208-798-2412
Extension:
Fax:
Email: kasfavor@regence.com
Address: 21602 21st Avenue

City: Lewiston
State: ID
Zip: 83501
Last Updated: 5/29/2007

Contract Number: H1350
Legal Entity Name: BLUE CROSS OF IDAHO HEALTH SERVICES, INC
Organization Marketing Name: Blue Cross Of Idaho Hlth Services Inc
Parent Organization: Blue Cross of Idaho Health Services, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 9/1/1997

MA Contact: Operations Manager
Name: Gwen Ohlson
Phone: 1-208-387-6822
Extension:
Fax: 1-208-387-6811
Email: gohlson@bcidaho.com
Address: 3000 E. Pine Ave.

City: Meridian
State: ID
Zip: 83642
Last Updated: 7/27/2005

Contract Number: H1406
Legal Entity Name: HUMANA HEALTH PLAN, INC.
Organization Marketing Name: Humana Health Plan, Inc.
Parent Organization: Humana Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/1985

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 101 East Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H1415
Legal Entity Name: HEALTHSPRING, INC.
Organization Marketing Name: HealthSpring, Inc.
Parent Organization: NewQuest Health Solutions LLC
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2005

MA Contact: Vice President, Business Services Operations
Name: Beth Keisler
Phone: 1-615-291-7000
Extension:
Fax:
Email: bethk@myhealthspring.com
Address: 44 Vantage Way Suite 300

City: Nashville
State: TN
Zip: 37228

Last Updated: 9/14/2005

Contract Number: H1416
Legal Entity Name: HARMONY HEALTH PLAN OF ILLINOIS, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 5/1/2005

MA Contact: Director, Claims
Name: Patricia Thomas
Phone: 1-888-888-9355
Extension: 3711
Fax: 1-813-675-2650
Email: patricia.thomas@WellCare.com
Address: 8735 Henderson Rd.

Ren 2
City: Tampa
State: FL
Zip: 33634

Last Updated: 1/16/2007

Contract Number: H1417
Legal Entity Name: HEALTH ALLIANCE MEDICAL PLANS
Organization Marketing Name: Health Alliance Medical Plans
Parent Organization: Health Alliance Medical Plans
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 5/1/2005

MA Contact: Director of Operations
Name: Kim Griffith
Phone: 1-217-337-8090
Extension:
Fax: 1-217-337-8008
Email: kim.griffith@healthalliance.org
Address: 301 S Vine St

City: Urbana
State: IL
Zip: 61801

Last Updated: 8/10/2005

Contract Number: H1418
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 8/1/2005

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H1419
Legal Entity Name: AETNA HEALTH OF ILLINOIS, INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F174
City: Oklahoma City
State: OK
Zip: 73101

Last Updated: 4/6/2007

Contract Number: H1420
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 9/1/2005

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F174
City: Oklahoma City
State: OK
Zip: 73101

Last Updated: 4/6/2007

Contract Number: H1463
Legal Entity Name: HEALTH ALLIANCE MEDICAL PLANS
Organization Marketing Name: Health Alliance Medical Plans
Parent Organization: Health Alliance Medical Plans
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/1/1997

MA Contact: Director of Operations
Name: Kim Griffith
Phone: 1-217-337-8090
Extension:
Fax: 1-217-337-8008
Email: kim.griffith@healthalliance.org
Address: 301 S Vine St

City: Urbana
State: IL
Zip: 61801

Last Updated: 8/10/2005

Contract Number: H1468
Legal Entity Name: OSF HEALTHPLANS, INC.
Organization Marketing Name: OSF Care Advantage
Parent Organization: OSF Saint Francis, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 2/1/1999

MA Contact: Medicare
Name: Claims Department
Phone: 1-309-677-8203
Extension:
Fax: 1-309-677-8354
Email: member@osfhealthcare.org
Address: 7915 N. Hale Ave., Ste D

City: Peoria
State: IL
Zip: 61615

Last Updated: 10/17/2005

Contract Number: H1472
Legal Entity Name: UNITED HEALTHCARE PLAN OF THE RIVER VALLEY, INC.
Organization Marketing Name: UnitedHealthcare Plan of the River Valley, Inc.
Parent Organization: UHC - Pacificare
Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 1/1/1999

MA Contact:
Name: Keith Winfield
Phone: 1-309-762-2701
Extension:
Fax:
Email: keith_b_winfield@uhc.com
Address: 3800 Avenue of the Cities, Suite 200

City: Moline
State: IL
Zip: 61265

Last Updated: 2/15/2007

Contract Number: H1509
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/3/2005

Contract Number: H1510
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 101 East Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H1511
Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC. Organization Type: Local CCP
Organization Marketing Name: Anthem Blue Cross and Blue Shield Plan Type: HMO/HMOPOS
Parent Organization: Wellpoint, Inc. Contract Effective Date: 8/1/2005

MA Contact: Program Manager
Name: Virginia Breeden
Phone: 1-513-336-5301
Extension:
Fax: 1-513-336-3654
Email: virginia.breeden@anthem.com
Address: 4361 Irwin Simpson Road
Mailstop OH0102-C535
City: Mason
State: OH
Zip: 45040-9498
Last Updated: 3/1/2007

Contract Number: H1553
Legal Entity Name: THE M PLAN, INC. Organization Type: 1876 Cost
Organization Marketing Name: The M Plan, Senior Smart Choice Plan Type: 1876 Cost
Parent Organization: The M Plan Inc. Contract Effective Date: 1/1/1993

MA Contact: Vice President, Provider Services & Govt. Prod.
Name: LeAnn Donovan
Phone: 1-317-571-5326
Extension:
Fax: 1-317-580-4517
Email: ldonovan@thcg.org
Address: 8802 N. Meridian St.
Suite 100
City: Indianapolis
State: IN
Zip: 46260
Last Updated: 7/27/2005

Contract Number: H1555
Legal Entity Name: ARNETT HMO Organization Type: 1876 Cost
Organization Marketing Name: Arnett HMO Plan Type: 1876 Cost
Parent Organization: Arnett Health Systems Contract Effective Date: 3/1/1997

MA Contact: Compliance Coordinator
Name: Michele Lawson
Phone: 1-765-448-7765
Extension:
Fax:
Email: h_m_lawson@uhc.om
Address: PO BOX 6108
City: Lafayette
State: IN
Zip: 46903
Last Updated: 6/11/2007

Contract Number: H1558
Legal Entity Name: WELBORN HEALTH PLAN Organization Type: 1876 Cost
Organization Marketing Name: Welborn Health Plans Plan Type: 1876 Cost
Parent Organization: Welborn Clinic Contract Effective Date: 11/1/1997

MA Contact: Director of Operations
Name: Heather Burns
Phone: 1-812-773-0307
Extension:
Fax: 1-812-773-0507
Email: burnsh@welbornhealthplans.com
Address: 101 SE Third St
City: Evansville
State: IN
Zip: 47708
Last Updated: 6/21/2007

Contract Number: H1607
Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC. Organization Type: Local CCP
Organization Marketing Name: Anthem Blue Cross and Blue Shield Plan Type: Local PPO
Parent Organization: Wellpoint, Inc. Contract Effective Date: 8/1/2005

MA Contact: Program Manager
Name: Virginia Breeden
Phone: 1-513-336-5301
Extension:
Fax: 1-513-336-3654
Email: virginia.breeden@anthem.com
Address: 4361 Irwin Simpson Road
Mailstop OH0102-C535
City: Mason
State: OH
Zip: 45040-9498
Last Updated: 2/23/2007

Contract Number: H1608
Legal Entity Name: COVENTRY HEALTH AND LIFE INS COMPANY Organization Type: Local CCP
Organization Marketing Name: Coventry Health and Life Insurance Company Plan Type: Local PPO
Parent Organization: Coventry Health Care Inc. Contract Effective Date: 7/1/2005

MA Contact: Service Operations Manager
Name: Kathy Capello
Phone: 1-717-671-6827
Extension:
Fax:
Email: KCapello@cvty.com
Address: 3721 TecPort Drive
PO Box 67103
City: Harrisburg
State: PA
Zip: 17106
Last Updated: 6/19/2007

Contract Number: H1609
Legal Entity Name: COVENTRY HEALTH CARE OF IOWA, INC. Organization Type: Local CCP
Organization Marketing Name: Coventry Health Care of Iowa, Inc. Plan Type: HMO/HMOPOS
Parent Organization: Coventry Health Care Inc. Contract Effective Date: 7/1/2005

MA Contact: Service Operations Manager
Name: Kathy Capello
Phone: 1-717-671-6827
Extension:
Fax:
Email: KCapello@cvty.com
Address: 3721 TecPort Drive
PO Box 67103
City: Harrisburg
State: PA
Zip: 17106
Last Updated: 6/19/2007

Contract Number: H1651
Legal Entity Name: MEDICAL ASSOCIATES HEALTH PLAN, INC. Organization Type: 1876 Cost
Organization Marketing Name: Medical Associates Health Plan, Inc. Plan Type: 1876 Cost
Parent Organization: Medical Associates Clinic Contract Effective Date: 2/1/1996

MA Contact: Claims Manager
Name: Dan Waldbillig
Phone: 1-563-584-4835
Extension:
Fax: 1-563-556-5134
Email: dwaldbillig@mahealthcare.com
Address: 1605 Associates Drive, Suite 101
P.O. Box 5002
City: Dubuque
State: IA
Zip: 52001
Last Updated: 9/14/2005

Contract Number: H1689
Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC. Organization Type: PFFS
Organization Marketing Name: Anthem Insurance Companies, Inc. Plan Type: PFFS
Parent Organization: Wellpoint, Inc. Contract Effective Date: 1/1/2007

MA Contact: Program Manager
Name: Virginia Breeden
Phone: 1-513-336-5301
Extension:
Fax: 1-513-336-3654
Email: virginia.breeden@anthem.com
Address: 4361 Irwin Simpson Road
Mailstop OH0102-C535
City: Mason
State: OH
Zip: 45040-9498
Last Updated: 2/26/2007

Contract Number: H1714
Legal Entity Name: VIA CHRISTI HEALTHCARE OUTREACH PROGRAM FOR ELDERS Organization Type: National PACE
Organization Marketing Name: Via Christi HOPE Plan Type: National PACE
Parent Organization: Via Christi Outreach Pgrm. Elders, Inc Contract Effective Date: 9/1/2002

MA Contact: Director of Finance
Name: Kent Shank
Phone: 1-316-946-5107
Extension:
Fax: 1-316-946-5106
Email: Kent_Shank@via-christi.org
Address: 2622 W. Central
City: Wichita
State: KS
Zip: 67203
Last Updated: 3/28/2007

Contract Number: H1716
Legal Entity Name: HUMANA INSURANCE COMPANY Organization Type: Local CCP
Organization Marketing Name: Humana Insurance Company Plan Type: Local PPO
Parent Organization: Humana Inc. Contract Effective Date: 1/1/2005

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 101 East Main Street
City: Louisville
State: KY
Zip: 40202
Last Updated: 2/14/2006

Contract Number: H1717
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY Organization Type: Local CCP
Organization Marketing Name: SecureHorizons by UnitedHealthcare Plan Type: Local PPO
Parent Organization: UHC - Pacificare Contract Effective Date: 4/1/2005

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive
City: Eau Claire
State: WI
Zip: 54701
Last Updated: 8/3/2005

Contract Number: H1804
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2003

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H1806
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2005

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H1807
Legal Entity Name: UNIVERSITY HEALTH CARE, INC.
Organization Marketing Name: Passport Advantage
Parent Organization: University Health Care, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Director, Passport Advantage
Name: Lisa Lusby
Phone: 1-215-863-5866
Extension:
Fax: 1-215-937-5304
Email: lisa.lusby@kmhp.com
Address: 200 Stevens Drive

City: Philadelphia
State: PA
Zip: 19113

Last Updated: 3/12/2007

Contract Number: H1849
Legal Entity Name: ANTHEM HEALTH PLANS OF KENTUCKY, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Wellpoint, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1998

MA Contact: Program Manager
Name: Virginia Breedon
Phone: 1-513-336-5301
Extension:
Fax: 1-513-336-3654
Email: virginia.breedon@anthem.com
Address: 4361 Irwin Simpson Road
Mailstop OH0102-C535

City: Mason
State: OH
Zip: 45040-9498

Last Updated: 2/26/2007

Contract Number: H1850
Legal Entity Name: WINDSOR HEALTH PLAN, INC.
Organization Marketing Name: Windsor Medicare Extra
Parent Organization: Windsor Health Group
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2007

MA Contact: VP of Administration
Name: Robin Bradley
Phone: 1-615-782-7949
Extension:
Fax:
Email: rbradley@windsorhealthgroup.com
Address: 7100 Commerce Way, Ste 285

City: Brentwood
State: TN
Zip: 37027

Last Updated: 9/7/2006

Contract Number: H1903
Legal Entity Name: WELLCARE OF LOUISIANA, INC.
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 9/1/2004

MA Contact: Director, Claims
Name: Tom Middleton
Phone: 1-888-888-8935
Extension: 3711
Fax: 1-813-675-2650
Email: patricia.thomas@WellCare.com
Address: 8735 Henderson Rd.

Ren 2
City: Tampa
State: FL
Zip: 33634

Last Updated: 1/16/2007

Contract Number: H1906
Legal Entity Name: HUMANA HEALTH BENEFIT PLAN OF LA, INC.
Organization Marketing Name: Humana Health Benefit Plan of LA, Inc.
Parent Organization: Humana Inc.
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 5/1/2005

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H1951
Legal Entity Name: HUMANA HEALTH BENEFIT PLAN OF LOUISIANA INC
Organization Marketing Name: Humana Health Benefit Plan Of Louisiana Inc
Parent Organization: Humana Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 6/1/1994

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H1961
Legal Entity Name: TENET CHOICES, INC.
Organization Marketing Name: Peoples Health
Parent Organization: Tenet Healthcare Corporation
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/1997

MA Contact: Claims Manager
Name: Susan Thibodeaux
Phone: 1-504-849-4500
Extension: 8680
Fax: 1-504-849-6973
Email: susan.thibodeaux@peopleshealth.com
Address: Three Lakeway Center
3838 N Causeway Blvd, Suite 2200
City: Metairie
State: LA
Zip: 70002
Last Updated: 2/6/2007

Contract Number: H2001
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 8/1/2005

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701
Last Updated: 8/3/2005

Contract Number: H2003
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« Health Plans
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 8/1/2005

MA Contact: Director of Operations
Name: Leslie Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000
City: Eau Claire
State: WI
Zip: 54701
Last Updated: 4/17/2006

Contract Number: H2108
Legal Entity Name: ELDER HEALTH MID-ATLANTIC, INC.
Organization Marketing Name: Bravo by Elder Health
Parent Organization: Elder Health, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2001

MA Contact: Assistant Vice President, Managed Care Systems
Name: Louise McCagg
Phone: 1-410-864-4566
Extension:
Fax: 1-410-864-4467
Email: Louise.McCagg@ElderHealth.com
Address: 3601 O'Donnell Street

City: Baltimore
State: MD
Zip: 21224
Last Updated: 5/4/2006

Contract Number: H2109
Legal Entity Name: JOHNS HOPKINS HEALTH SYSTEM, INC. Organization Type: National PACE
Organization Marketing Name: Hopkins Elderplus Plan Type: National PACE
Parent Organization: Johns Hopkins Bayview Medical Center Contract Effective Date: 11/1/2002

MA Contact: Director
Name: Karen Armacost
Phone: 1-410-550-7044
Extension:
Fax: 1-410-550-7045
Email: karmaco@jhmi.edu
Address: 4940 Eastern Avenue, Mason Lord Bldg., East Tower, First Floor

City: Baltimore
State: MD
Zip: 21224

Last Updated: 10/11/2005

Contract Number: H2111
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY Organization Type: Local CCP
Organization Marketing Name: Evercare« Health Plans Plan Type: Local PPO
Parent Organization: UHC - Pacificare Contract Effective Date: 1/1/2005

MA Contact: Director of Operations
Name: Leslie K Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000
City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/17/2006

Contract Number: H2112
Legal Entity Name: AETNA HEALTH INC. (MARYLAND) Organization Type: Local CCP
Organization Marketing Name: Aetna Medicare Plan Type: HMO/HMOPOS
Parent Organization: Aetna Inc. Contract Effective Date: 2/1/2005

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714
City: Oklahoma City
State: OK
Zip: 73101

Last Updated: 4/6/2007

Contract Number: H2150
Legal Entity Name: KAISER FNDN HP OF THE MID-ATLANTIC STS Organization Type: 1876 Cost
Organization Marketing Name: Kaiser Permanente Medicare Plus Plan Type: 1876 Cost
Parent Organization: Kaiser Permanente Contract Effective Date: 1/1/1991

MA Contact: Senior Director, Claims Administration
Name: Darryl M Wiley
Phone: 1-301-625-2201
Extension:
Fax:
Email: darryl.m.wiley@kp.org
Address: 2101 East Jefferson Street

City: Rockville
State: MD
Zip: 20852

Last Updated: 12/4/2006

Contract Number: H2174
Legal Entity Name: TRILLIUM COMMUNITY HEALTH PLAN
Organization Marketing Name: Trillium Advantage
Parent Organization: Trillium Community Health Plan
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Assoc. VP Claims Administration
Name: Shannon Conley
Phone: 1-541-485-2155
Extension:
Fax:
Email: sconley@trilliumchp.com
Address: 1800 Millrace Drive

City: Eugene
State: OR
Zip: 97403

Last Updated: 12/21/2006

Contract Number: H2218
Legal Entity Name: HARBOR HEALTH SERVICES
Organization Marketing Name: Elder Service Plan of Harbor Health Services, Inc
Parent Organization: Harbor Health Services
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2002

MA Contact: Financial Supervisor
Name: James Malone
Phone: 1-617-296-5100
Extension:
Fax: 1-617-296-5610
Email: jmalone@hhsi.us
Address: 2216 Dorchester Avenue

City: Dorchester
State: MA
Zip: 02124

Last Updated: 10/11/2005

Contract Number: H2219
Legal Entity Name: FALLON COMMUNITY HEALTH PLAN
Organization Marketing Name: Fallon Community Health Plan - Summit ElderCare
Parent Organization: Fallon Community Health Plan
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2002

MA Contact: Director - Claims Administration
Name: Frank Mausolf
Phone: 1-800-333-2535
Extension: 69191
Fax:
Email: frank.mausolf@fchp.org
Address: One Chestnut Place
10 Chestnut Street

City: Worcester
State: MA
Zip: 01608

Last Updated: 5/7/2007

Contract Number: H2220
Legal Entity Name: UPHAMS CORNER HEALTH COMMITTEE, INC.
Organization Marketing Name: Uphams Comer Health Committee, Inc.
Parent Organization: Uphams Comer Health Committee, Inc.
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2002

MA Contact: Operations Manager
Name: Jagdeep Trivedi
Phone: 1-617-288-0970
Extension: 11
Fax: 1-617-474-0757
Email: jtrivedi@partners.org
Address: 1140 Dorchester Ave.

City: Dorchester
State: MA
Zip: 02125

Last Updated: 7/27/2005

Contract Number: H2221
Legal Entity Name: ELDER SRVC PLN/CAMBRIDGE HEALTH ALLIANCE
Organization Marketing Name: Elder Svc Pln/Cambridge Health Alliance
Parent Organization: Cambridge Health Alliance
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2002

MA Contact: Financial Analyst II
Name: Estenieau Jean
Phone: 1-781-306-8671
Extension:
Fax: 1-781-306-8660
Email: ejean@challiance.org
Address: 270 Green Street

City: Cambridge
State: MA
Zip: 02139

Last Updated: 5/24/2007

Contract Number: H2222
Legal Entity Name: ELDER SERVICE PLAN OF THE NORTH SHORE
Organization Marketing Name: Elder Service Plan of the North Shore
Parent Organization: Elder Service Plan of the North Shore
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2003

MA Contact: Patient Account Manager
Name: Dee Caruso-Mahoney
Phone: 1-781-715-6640
Extension:
Fax: 1-781-715-6699
Email: dcaruso@pacenorthshore.org
Address: 37 Friend Street

City: Lynn
State: MA
Zip: 01901

Last Updated: 4/24/2007

Contract Number: H2223
Legal Entity Name: ELDER SVC PLN/E BOSTON HEALTH CENTER
Organization Marketing Name: Elder Svc Pln/E Boston Health Center
Parent Organization: Elder Svc Pln/E Boston Health Center
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2003

MA Contact: Business Manager
Name: Aimee Olsen
Phone: 1-617-569-5800
Extension:
Fax:
Email: olsena@ebnhc.org
Address: 10 Gove St

City: East Boston
State: MA
Zip: 02128

Last Updated: 5/3/2007

Contract Number: H2224
Legal Entity Name: SENIOR WHOLE HEALTH, LLC
Organization Marketing Name: Senior Whole Health
Parent Organization: Senior Whole Health, LLC
Organization Type: Demo
Plan Type: MA Health Senior Care Options
Contract Effective Date: 8/1/2004

MA Contact: Director, Claims
Name: Peter Harrington
Phone: 1-617-494-5353
Extension: 6336
Fax: 1-617-494-5599
Email: pharrington@seniorwholehealth.com
Address: 58 Charles Street, 2nd Floor

City: Cambridge
State: MA
Zip: 02141

Last Updated: 2/8/2007

Contract Number: H2225
Legal Entity Name: COMMONWEALTH CARE ALLIANCE, INC.
Organization Marketing Name: Commonwealth Care Alliance, Inc.
Parent Organization: Commonwealth Care Alliance
Organization Type: Demo
Plan Type: MA Health Senior Care Options
Contract Effective Date: 6/1/2004

MA Contact:
Name: Jan Levinson
Phone: 1-617-426-0600
Extension: 222
Fax:
Email: jlevinson@commonwealthcare.org
Address: 30 Winter Street, 7th Floor

City: Boston
State: MA
Zip: 02108

Last Updated: 8/25/2005

Contract Number: H2226
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« Senior Care Options
Parent Organization: UHC - Pacificare
Organization Type: Demo
Plan Type: MA Health Senior Care Options
Contract Effective Date: 3/1/2004

MA Contact: Director of Operations
Name: Leslie Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000
City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/17/2006

Contract Number: H2228
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« Health Plans
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2005

MA Contact: Director of Operations
Name: Leslie Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000
City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/17/2006

Contract Number: H2229
Legal Entity Name: TUFTS ASSOCIATED HMO, INC.
Organization Marketing Name: Tufts Health Plan
Parent Organization: Tufts Associated Health Plans
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 8/1/2005

MA Contact: Director, Medicare Claims
Name: Rob Galan
Phone: 1-888-880-8699
Extension: 9480
Fax:
Email: rob_galan@tufts-health.com
Address: 705 Mt Auburn Street

City: Watertown
State: MA
Zip: 02471

Last Updated: 5/30/2007

Contract Number: H2230
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF MA HMO BLUE, INC. Organization Type: Local CCP
Organization Marketing Name: Blue Cross And Blue Shield Of Massachusetts, Inc. Plan Type: Local PPO
Parent Organization: Blue Cross and Blue Shield of Massachusetts Contract Effective Date: 9/1/2005

MA Contact:

Name: Lil E Rindone
Phone: 1-617-246-8649
Extension:
Fax:
Email: lil.rindone@bcbsma.com
Address: 1 Enterprise Drive
Mail Stop 02-03
City: North Quincy
State: MA
Zip: 02171

Last Updated: 10/18/2005

Contract Number: H2237
Legal Entity Name: INDEPENDENT CARE HEALTH PLAN, INC. Organization Type: Local CCP
Organization Marketing Name: iCare Plan Type: HMO/HMOPOS
Parent Organization: Independent Care Health Plan Inc. Contract Effective Date: 1/1/2007

MA Contact:

Name: Loretta Lorenzen
Phone: 1-414-231-1164
Extension:
Fax: 1-414-231-1092
Email: llorenzen@icare-wi.org
Address: 1555 N Rivercenter Drive
Suite 202A
City: Milwaukee
State: WI
Zip: 53211

Last Updated: 9/27/2006

Contract Number: H2256
Legal Entity Name: TUFTS ASSOCIATED HMO, INC. Organization Type: Local CCP
Organization Marketing Name: Tufts Health Plan Plan Type: HMO/HMOPOS
Parent Organization: Tufts Associated Health Plans Contract Effective Date: 7/1/1994

MA Contact: Director, Medicare Claims & Customer Service

Name: Rob Galan
Phone: 1-888-880-8699
Extension: 9480
Fax:
Email: rob_galan@tufts-health.com
Address: 705 Mt Auburn Street
PO Box 9170
City: Watertown
State: MA
Zip: 02471

Last Updated: 3/6/2007

Contract Number: H2261
Legal Entity Name: BLUE CROSS and BLUE SHIELD OF MA HMO BLUE, INC. Organization Type: Local CCP
Organization Marketing Name: Blue Cross and Blue Shield of Massachusetts, Inc. Plan Type: HMO/HMOPOS
Parent Organization: Blue Cross and Blue Shield of Massachusetts Contract Effective Date: 1/1/1996

MA Contact:

Name: Lil E Rindone
Phone: 1-617-246-8649
Extension:
Fax:
Email: lil.rindone@bcbsma.com
Address: 1 Enterprise Drive
Mail Stop 02-03
City: North Quincy
State: MA
Zip: 02171

Last Updated: 10/18/2005

Contract Number: H2312
Legal Entity Name: HEALTH ALLIANCE PLAN OF MICHIGAN
Organization Marketing Name: HAP Senior Plus
Parent Organization: Health Alliance Plan (HAP)
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1987

MA Contact: Compliance & Privacy Officer
Name: Deborah Marine
Phone: 1-313-664-8711
Extension:
Fax: 1-313-664-8479
Email: dmarine@hap.org
Address: 2850 West Grand Boulevard

City: Detroit
State: MI
Zip: 48375

Last Updated: 9/14/2005

Contract Number: H2318
Legal Entity Name: HENRY FORD HEALTH SYSTEM
Organization Marketing Name: Henry Ford Health System
Parent Organization: Henry Ford Health System
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2003

MA Contact: Financial Manager
Name: Christine Loussia
Phone: 1-313-653-2230
Extension:
Fax:
Email: cloussi1@hfhs.org
Address: 7800 W. Outer Dr., Suite 240

City: Detroit
State: MI
Zip: 48235

Last Updated: 6/1/2007

Contract Number: H2319
Legal Entity Name: BLUE CROSS BLUE SHIELD OF MICHIGAN
Organization Marketing Name: Blue Cross Blue Shield of Michigan
Parent Organization: Blue Cross Blue Shield of Michigan
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 7/1/2005

MA Contact: Manager
Name: Linda Anderson
Phone: 1-248-350-4522
Extension:
Fax: 1-248-350-4531
Email: landerson@bcbsm.com
Address: 27000 W. Eleven Mile Road
H 404

City: Southfield
State: MI
Zip: 48034

Last Updated: 12/6/2006

Contract Number: H2320
Legal Entity Name: PRIORITY HEALTH
Organization Marketing Name: PriorityMedicare
Parent Organization: PriorityHealth
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact: Manager, Claims
Name: Laura Sterkenburg
Phone: 1-616-464-8688
Extension:
Fax:
Email: laura.sterkenburg@priorityhealth.com
Address: 1231 East Beltline Ave NE

City: Grand Rapids
State: MI
Zip: 49525

Last Updated: 12/5/2005

Contract Number: H2322
Legal Entity Name: ALLIANCE HEALTH AND LIFE INSURANCE, CO
Organization Marketing Name: Alliance Medicare PPO
Parent Organization: Health Alliance Plan (HAP)
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 8/1/2005

MA Contact: Corporate Compliance Officer
Name: Deborah L Marine
Phone: 1-313-664-8711
Extension:
Fax: 1-313-664-8479
Email: dmarine@hap.org
Address: 2850 W. Grand Blvd.

City: Detroit
State: MI
Zip: 48202

Last Updated: 9/14/2005

Contract Number: H2323
Legal Entity Name: FIDELIS SECURECARE OF MICHIGAN
Organization Marketing Name: Fidelis SecureCare Of Michigan
Parent Organization: Fidelis SecureCare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 9/1/2005

MA Contact: VP Operations & Analysis
Name: Kathy Cortez
Phone: 1-847-605-0501
Extension:
Fax:
Email: kathy.cortez@fidelissc.com
Address: 1700 East Golf Road
Suite 1115
City: Schaumburg
State: IL
Zip: 60173

Last Updated: 4/10/2007

Contract Number: H2354
Legal Entity Name: HEALTHPLUS OF MICHIGAN
Organization Marketing Name: HealthPlus of Michigan
Parent Organization: HealthPlus of Michigan
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 4/1/1997

MA Contact: Director of Insurance Operations
Name: Annette Nicolosi
Phone: 1-810-720-7787
Extension:
Fax: 1-810-230-2289
Email: smuhme@healthplus.org
Address: 2050 S. Linden Road
P.O. Box 1700
City: Flint
State: MI
Zip: 48501-1700

Last Updated: 8/22/2006

Contract Number: H2406
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« Health Plans
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 6/1/2001

MA Contact: Director of Operations
Name: Leslie K Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000
City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/17/2006

Contract Number: H2407
Legal Entity Name: UCARE MINNESOTA
Organization Marketing Name: UCare Minnesota
Parent Organization: UCare Minnesota
Organization Type: Demo
Plan Type: MN Disability Health Options
Contract Effective Date: 11/1/2001

MA Contact: Claims Processing Operations Manager
Name: Cheryl Tuttle
Phone: 1-612-676-3411
Extension:
Fax:
Email: ctuttle@ucare.org
Address: 500 Stinson Boulevard NE

City: Minneapolis
State: MN
Zip: 55413

Last Updated: 2/27/2007

Contract Number: H2408
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons MedicareDirect
Parent Organization: UHC - Pacificare
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 9/1/2004

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/3/2005

Contract Number: H2409
Legal Entity Name: MEDICA HEALTH PLAN S OF WISCONSIN
Organization Marketing Name: Medica Health Plans of Wisconsin
Parent Organization: Medica Health Plans
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 7/1/2005

MA Contact:
Name: Tami Froehlich
Phone: 1-952-992-3605
Extension:
Fax: 1-952-992-3660
Email: tami.froehlich@medica.com
Address: 401 Carlson Parkway

City: Minnetonka
State: MN
Zip: 55305

Last Updated: 9/6/2006

Contract Number: H2410
Legal Entity Name: MEDICA HEALTH PLANS
Organization Marketing Name: Medica Health Plans
Parent Organization: Medica Health Plans
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 8/1/2005

MA Contact:
Name: Tami Froehlich
Phone: 1-952-992-3605
Extension:
Fax: 1-952-992-3660
Email: tami.froehlich@medica.com
Address: 401 Carlson Parkway

City: Minnetonka
State: MN
Zip: 55305

Last Updated: 9/6/2006

Contract Number: H2411
Legal Entity Name: FALLON COMMUNITY HEALTH PLAN
Organization Marketing Name: Fallon Community Health Plan
Parent Organization: Fallon Community Health Plan
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact: Director-Claims Administration
Name: Frank Mausolf
Phone: 1-800-333-2535
Extension: 69191
Fax:
Email: frank.mausolf@fchp.org
Address: One Chestnut Place
10 Chestnut Street
City: Worcester
State: MA
Zip: 01608
Last Updated: 10/13/2006

Contract Number: H2416
Legal Entity Name: PRIMEWEST HEALTH SYSTEM
Organization Marketing Name: Primewest Health System
Parent Organization: PrimeWest Health System
Organization Type: Demo
Plan Type: MN Senior Health Options
Contract Effective Date: 7/1/2005

MA Contact: Director of Claims
Name: Bruce Wegner
Phone: 1-320-335-5231
Extension:
Fax: 1-320-335-5331
Email: bruce.wegner@primewest.org
Address: PrimeWest Health System
510 22nd Ave Ease
City: Alexandria
State: MN
Zip: 56308
Last Updated: 1/17/2007

Contract Number: H2417
Legal Entity Name: ITASCA MEDICAL CARE
Organization Marketing Name: Itasca Medical Care
Parent Organization: Itasca County Health & Human Services
Organization Type: Demo
Plan Type: MN Senior Health Options
Contract Effective Date: 6/1/2005

MA Contact: Medical Account Tech
Name: Terasa Koran
Phone: 1-218-327-5528
Extension:
Fax: 1-218-327-5545
Email: terasa.koran@co.itasca.mn.us
Address: 1219 SE 2nd Ave.
City: Grand Rapids
State: MN
Zip: 55744
Last Updated: 4/3/2007

Contract Number: H2419
Legal Entity Name: SOUTH COUNTRY HEALTH ALLIANCE
Organization Marketing Name: South Country Health Alliance
Parent Organization: South Country Health Alliance
Organization Type: Demo
Plan Type: MN Senior Health Options
Contract Effective Date: 8/1/2005

MA Contact:
Name: Colleen Warnemunde
Phone: 1-507-444-7771
Extension:
Fax:
Email: cwarnemunde@mnscha.org
Address: 110 W Fremont Street
City: Owatonna
State: MN
Zip: 55060
Last Updated: 11/15/2006

Contract Number: H2422
Legal Entity Name: HEALTHPARTNERS
Organization Marketing Name: HealthPartners Classic MN Senior Health Options
Parent Organization: HealthPartners
Organization Type: Demo
Plan Type: MN Senior Health Options
Contract Effective Date: 5/1/2005

MA Contact: Senior Manager Claims
Name: Eric Johnson
Phone: 1-952-967-7380
Extension:
Fax:
Email: eric.w.johnson@healthpartners.com
Address: 8170 33rd Avenue South, PO Box 1309
MS: 21103R
City: Minneapolis
State: MN
Zip: 55440
Last Updated: 4/18/2007

Contract Number: H2424
Legal Entity Name: FIRST PLAN OF MINNESOTA
Organization Marketing Name: First Plan Blue
Parent Organization: Blue Cross and Blue Shield of Minnesota
Organization Type: Demo
Plan Type: MN Senior Health Options
Contract Effective Date: 5/1/2005

MA Contact: Dr Plan Health Improvement & Service Operations
Name: Stacia Cohen
Phone: 1-218-740-2330
Extension: 6702
Fax: 1-218-727-7247
Email: stacia_cohen@bluecrossmn.com
Address: 525 S Lake Avenue
Suite 222
City: Duluth
State: MN
Zip: 55802
Last Updated: 4/17/2007

Contract Number: H2425
Legal Entity Name: BLUE PLUS
Organization Marketing Name: SecureBlue
Parent Organization: Blue Cross and Blue Shield of Minnesota
Organization Type: Demo
Plan Type: MN Senior Health Options
Contract Effective Date: 9/1/2005

MA Contact: Manager, Government Programs Operations
Name: Cathy Birkholz
Phone: 1-651-662-9415
Extension:
Fax:
Email: Cathy_A_Birkholz@bluecrossmn.com
Address: 3400 Yankee Drive
City: Eagan
State: MN
Zip: 55122
Last Updated: 5/4/2007

Contract Number: H2450
Legal Entity Name: MEDICA INSURANCE COMPANY
Organization Marketing Name: Medica Insurance Company
Parent Organization: Medica Health Plans
Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 1/1/1990

MA Contact:
Name: Tami Froehlich
Phone: 1-952-992-3605
Extension:
Fax:
Email: tami.froehlich@medica.com
Address: 401 Carlson Parkway
City: Minnetonka
State: MN
Zip: 55305
Last Updated: 9/6/2006

Contract Number: H2456
Legal Entity Name: UCARE MINNESOTA
Organization Marketing Name: UCare Minnesota
Parent Organization: UCare Minnesota
Organization Type: Demo
Plan Type: MN Senior Health Options
Contract Effective Date: 1/1/1997

MA Contact: Claims Processing Operations Manager
Name: Cheryl Tuttle
Phone: 1-612-676-3411
Extension:
Fax:
Email: ctuttle@ucare.org
Address: 500 Stinson Boulevard NE

City: Minneapolis
State: MN
Zip: 55413

Last Updated: 2/27/2007

Contract Number: H2457
Legal Entity Name: METROPOLITAN HEALTH PLAN
Organization Marketing Name: Metropolitan Health Plan MSHO
Parent Organization: Metropolitan Health Plan
Organization Type: Demo
Plan Type: MN Senior Health Options
Contract Effective Date: 1/1/1997

MA Contact: Sr Accountant
Name: Phil Carlson
Phone: 1-612-543-3317
Extension:
Fax: 1-612-904-4264
Email: philip.carlson@co.hennepin.mn.us
Address: 822 South Third Street
Suite 140

City: Minneapolis
State: MN
Zip: 55415

Last Updated: 1/4/2007

Contract Number: H2458
Legal Entity Name: MEDICA HEALTH PLANS
Organization Marketing Name: Medica Dual Solution
Parent Organization: Medica Health Plans
Organization Type: Demo
Plan Type: MN Senior Health Options
Contract Effective Date: 7/1/1997

MA Contact:
Name: Tami Froehlich
Phone: 1-952-992-3605
Extension:
Fax:
Email: tami.froehlich@medica.com
Address: 401 Carlson Parkway

City: Minnetonka
State: MN
Zip: 55305

Last Updated: 9/6/2006

Contract Number: H2459
Legal Entity Name: UCARE MINNESOTA
Organization Marketing Name: UCare Minnesota
Parent Organization: UCare Minnesota
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 5/1/1998

MA Contact: Claims Processing Operations Manager
Name: Cheryl Tuttle
Phone: 1-612-676-3411
Extension:
Fax: 1-612-676-6501
Email: ctuttle@ucare.org
Address: 500 Stinson Boulevard NE

City: Minneapolis
State: MN
Zip: 55413

Last Updated: 2/27/2007

Contract Number: H2461
Legal Entity Name: BLUE CROSS BLUE SHIELD OF MINNESOTA
Organization Marketing Name: Blue Cross Blue Shield of Minnesota
Parent Organization: Blue Cross and Blue Shield of Minnesota
Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 1/1/1999

MA Contact: Manager Medicare Business Services
Name: Cathy Birkholz
Phone: 1-651-662-9415
Extension:
Fax: 1-651-662-9415
Email: cathy_a_birkholz@bluecrossmn.com
Address: 3400 Yankee Drive

City: Eagan
State: MN
Zip: 55122

Last Updated: 2/14/2006

Contract Number: H2462
Legal Entity Name: HEALTHPARTNERS
Organization Marketing Name: HealthPartners
Parent Organization: HealthPartners
Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 1/1/1999

MA Contact: Senior Manager Claims
Name: Eric W Johnson
Phone: 1-952-967-7380
Extension:
Fax:
Email: eric.w.johnson@healthpartners.com
Address: 8170 33rd Avenue South
PO Box 1309

City: Minneapolis
State: MN
Zip: 55440-1309

Last Updated: 6/26/2006

Contract Number: H2609
Legal Entity Name: ALEXIAN BROTHERS COMMUNITY SERVICES
Organization Marketing Name: Alexian Brothers Community Services
Parent Organization: Alexian Brothers Community Services
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2001

MA Contact: Accounting Assistant
Name: Martha Bernard
Phone: 1-314-771-5800
Extension: 129
Fax: 1-314-664-2125
Email: mbernard@alexianbrothers.net
Address: 3900 S. Grand

City: St. Louis
State: MO
Zip: 63118

Last Updated: 6/14/2007

Contract Number: H2610
Legal Entity Name: ESSENCE INC.
Organization Marketing Name: Essence Inc.
Parent Organization: Essence Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 6/1/2004

MA Contact: Manager, Claims and Customer Service
Name: Dawn Walter
Phone: 1-314-851-3600
Extension:
Fax:
Email: dwalter@essencehealthcare.com
Address: 12655 Olive
4th Floor

City: saint louis
State: MO
Zip: 63141

Last Updated: 3/28/2007

Contract Number: H2611
Legal Entity Name: PREMIER HEALTH INSURANCE COMPANY, INC. Organization Type: Local CCP
Organization Marketing Name: Premier Health Insurance Company, Inc. Plan Type: Local PPO
Parent Organization: Sisters of Mercy Health System-St. Louis. Contract Effective Date: 1/1/2005

MA Contact: Benefits Administrator
Name: JoAnne Bell
Phone: 1-417-836-0438
Extension:
Fax:
Email: jbell@mhp.mercy.net
Address: 1949 E. Sunshine
One Corporate Centre, Ste. 200
City: Springfield
State: MO
Zip: 65804
Last Updated: 7/28/2005

Contract Number: H2613
Legal Entity Name: HEALTHY ALLIANCE LIFE INSURANCE COMPANY Organization Type: PFFS
Organization Marketing Name: Blue Cross Blue Shield of Missouri Plan Type: PFFS
Parent Organization: Wellpoint, Inc. Contract Effective Date: 6/1/2005

MA Contact: Manager II, Customer Care Multi
Name: Debra Kaiser
Phone: 1-920-923-8339
Extension:
Fax:
Email: debra.kaiser@wellpoint.com
Address: 145 S. Pioneer Blvd
Mail Stop WIW201-FDL
City: Fon Du Lac
State: WI
Zip: 54935
Last Updated: 5/1/2006

Contract Number: H2649
Legal Entity Name: HUMANA HEALTH PLAN, INC. Organization Type: Local CCP
Organization Marketing Name: Humana Health Plan, Inc. Plan Type: HMO/HMOPOS
Parent Organization: Humana Inc. Contract Effective Date: 1/1/1990

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202
Last Updated: 2/14/2006

Contract Number: H2654
Legal Entity Name: UNITED HEALTHCARE OF THE MIDWEST, INC. Organization Type: Local CCP
Organization Marketing Name: SecureHorizons by UnitedHealthcare Plan Type: HMO/HMOPOS
Parent Organization: UHC - Pacificare Contract Effective Date: 10/1/1992

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701
Last Updated: 8/3/2005

Contract Number: H2663
Legal Entity Name: GROUP HEALTH PLAN, INC. Organization Type: Local CCP
Organization Marketing Name: Group Health Plan, Inc. Plan Type: HMO/HMOPOS
Parent Organization: Coventry Health Care Inc. Contract Effective Date: 11/1/1995

MA Contact: Director of Compliance
Name: Geneva Clark
Phone: 1-314-506-1808
Extension:
Fax:
Email: geclark@cvty.com
Address: 550 Maryville Centre Drive
Suite 300
City: St. Louis
State: MO
Zip: 63141-5818
Last Updated: 9/11/2006

Contract Number: H2667
Legal Entity Name: MERCY HEALTH PLANS OF MISSOURI INC. Organization Type: Local CCP
Organization Marketing Name: Mercy Health Plans, Inc. Plan Type: HMO/HMOPOS
Parent Organization: Sisters of Mercy Health System-St. Louis. Contract Effective Date: 2/1/1997

MA Contact: Benefits Administrator
Name: JoAnne Bell
Phone: 1-417-836-0438
Extension:
Fax:
Email: jbell@mhp.mercy.net
Address: 1949 E. Sunshine
One Corporate Centre, Ste. 200
City: Springfield
State: MO
Zip: 65804
Last Updated: 7/28/2005

Contract Number: H2672
Legal Entity Name: COVENTRY HEALTH CARE OF KANSAS, INC. Organization Type: Local CCP
Organization Marketing Name: Coventry Health Care of Kansas, Inc. Plan Type: HMO/HMOPOS
Parent Organization: Coventry Health Care Inc. Contract Effective Date: 5/1/1999

MA Contact: Manager, Medicare Compliance
Name: Gail D Howard-King
Phone: 1-816-460-4003
Extension:
Fax: 1-816-460-4429
Email: gdhking@cvty.com
Address: 8320 Ward Parkway
City: Kansas City
State: MO
Zip: 64114
Last Updated: 7/27/2005

Contract Number: H2701
Legal Entity Name: NEW WEST HEALTH SERVICES Organization Type: Local CCP
Organization Marketing Name: New West Medicare Plan Type: Local PPO
Parent Organization: New West Health Services Contract Effective Date: 6/1/2005

MA Contact: Medicare Operations Director
Name: Bonnie Franklin
Phone: 1-406-751-3334
Extension:
Fax: 1-406-257-2600
Email: bfrankli@nwHP.com
Address: 1203 Highway 2 West, Suite 45
City: Kalispell
State: MT
Zip: 59901
Last Updated: 11/12/2006

Contract Number: H2802
Legal Entity Name: UNITED HEALTHCARE OF THE MIDLANDS, INC.
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/1/1985

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/3/2005

Contract Number: H2803
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 4/1/2003

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/3/2005

Contract Number: H2905
Legal Entity Name: SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
Organization Marketing Name: Sierra Spectrum
Parent Organization: Sierra Health Services, Inc
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 8/1/2005

MA Contact: Director, Health Informatics
Name: Alejandro Corral
Phone: 1-702-242-7215
Extension:
Fax:
Email: vargas@sierrahealth.com
Address: 2716 N. Tenaya Way

City: Las Vegas
State: NV
Zip: 89128

Last Updated: 10/18/2006

Contract Number: H2906
Legal Entity Name: HOMETOWN HEALTH PLAN
Organization Marketing Name: Senior Care Plus
Parent Organization: Washoe Medical Center
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact: Business Analyst Manager
Name: Tricha Hutchcraft
Phone: 1-775-982-3274
Extension:
Fax: 1-775-982-3751
Email: thutchcraft@hometownhealth.com
Address: 830 Harvard Way

City: Reno
State: NV
Zip: 89502

Last Updated: 10/12/2005

Contract Number: H2931
Legal Entity Name: HEALTH PLAN OF NEVADA, INC.
Organization Marketing Name: Senior Dimensions
Parent Organization: Sierra Health Services, Inc
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 6/1/1985

MA Contact: Director, Health Informatics
Name: Alejandro Corral
Phone: 1-702-242-7215
Extension:
Fax:
Email: vargas@sierrahealth.com
Address: 2716 N. Tenaya Way

City: Las Vegas
State: NV
Zip: 89128

Last Updated: 10/18/2006

Contract Number: H2949
Legal Entity Name: PACIFICARE OF NEVADA, INC
Organization Marketing Name: AARP MedicareComplete provided by SecureHorizons
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/1/1992

MA Contact: Dir, Cust Svc Ctr-II
Name: Leo Maes
Phone: 1-480-377-5001
Extension: 75001
Fax:
Email: leo.maes@pfs.com
Address: 4601 E Hilton Ave
M/S AZ74-149
City: Phoenix
State: AZ
Zip: 85034

Last Updated: 8/2/2005

Contract Number: H2960
Legal Entity Name: HOMETOWN HEALTH PLAN
Organization Marketing Name: Senior Care Plus
Parent Organization: Washoe Medical Center
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/1/1995

MA Contact: Business Analyst Manager
Name: Tricha Hutchcraft
Phone: 1-775-982-3274
Extension:
Fax:
Email: thutchcraft@hometownhealth.com
Address: 830 Harvard Way

City: Reno
State: NV
Zip: 89502

Last Updated: 10/12/2005

Contract Number: H2961
Legal Entity Name: HEALTH PLAN OF NEVADA, INC.
Organization Marketing Name: Senior Dimensions
Parent Organization: Sierra Health Services, Inc
Organization Type: Demo
Plan Type: SHMO
Contract Effective Date: 10/1/1996

MA Contact: Director, Health Informatics
Name: Alejandro Corral
Phone: 1-702-242-7215
Extension:
Fax:
Email: vargas@sierrahealth.com
Address: 2716 N. Tenaya Way

City: Las Vegas
State: NV
Zip: 89128

Last Updated: 10/18/2006

Contract Number: H3107
Legal Entity Name: OXFORD HEALTH PLANS (NJ), INC.
Organization Marketing Name: AARP MedicareComplete provided by SecureHorizons
Parent Organization: UHC - Pacificare

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/1/1991

MA Contact:

Name: Michael Santoro
Phone: 1-203-459-7853
Extension:
Fax:
Email: msantoro@oxhp.com
Address: 48 Monroe Turnpike
CT015-0661
City: Trumbull
State: CT
Zip: 06611

Last Updated: 5/1/2007

Contract Number: H3112
Legal Entity Name: AMERIHEALTH HMO_INC
Organization Marketing Name: AmeriHealth 65
Parent Organization: Independence Blue Cross

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/1/2004

MA Contact: Director, Claims Processing

Name: Theresa Baugh
Phone: 1-215-241-4476
Extension:
Fax:
Email: Theresa.Baugh@ibx.com
Address: 925 Chestnut Street - C4

City: Philadelphia
State: PA
Zip: 19107

Last Updated: 11/9/2006

Contract Number: H3113
Legal Entity Name: OXFORD HEALTH PLANS OF NEW JERSEY, INC
Organization Marketing Name: Evercare« Health Plans
Parent Organization: UHC - Pacificare

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact:

Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/14/2006

Contract Number: H3152
Legal Entity Name: AETNA HEALTH, INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 9/1/1993

MA Contact: Head of Regulatory Mgmt & Claims Services

Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714
City: Oklahoma City
State: OK
Zip: 73101

Last Updated: 4/6/2007

Contract Number: H3154
Legal Entity Name: HORIZON HEALTHCARE OF NEW JERSEY, INC.
Organization Marketing Name: Horizon Blue Cross Blue Shield of New Jersey, Inc.
Parent Organization: Horizon Blue Cross Blue Shield of New Jersey,
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1996

MA Contact: Service Director
Name: Magna S Hadley
Phone: 1-973-466-6651
Extension:
Fax:
Email: Magna_Hadley@horizonblue.com
Address: 3 Penn Plaza East
PP02Q
City: Newark
State: NJ
Zip: 07105-2200
Last Updated: 7/27/2005

Contract Number: H3156
Legal Entity Name: AMERIHEALTH HMO_INC
Organization Marketing Name: AmeriHealth 65
Parent Organization: Independence Blue Cross
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/1/1995

MA Contact: Director, Government Programs Claims Processing
Name: Theresa Baugh
Phone: 1-215-241-4476
Extension:
Fax:
Email: Theresa.Baugh@ibx.com
Address: 925 Chestnut Street - C4
City: Philadelphia
State: PA
Zip: 19107
Last Updated: 11/9/2006

Contract Number: H3164
Legal Entity Name: AMERICHOICE OF NEW JERSEY, INC
Organization Marketing Name: AmeriChoice Personal Care Plus
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1999

MA Contact: VP, Medicare Operations and Compliance
Name: Christine Liberato
Phone: 1-602-664-5483
Extension:
Fax: 1-602-266-1846
Email: christine_liberato@uhc.com
Address: 3141 North Third Avenue
City: Phoenix
State: AZ
Zip: 85013
Last Updated: 11/25/2006

Contract Number: H3204
Legal Entity Name: PRESBYTERIAN HEALTH PLAN
Organization Marketing Name: Presbyterian Senior Care
Parent Organization: Presbyterian Healthcare Services
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 4/1/1986

MA Contact: Director, Claims
Name: Patricia Wilson
Phone: 1-505-923-5915
Extension:
Fax:
Email: pwilson@phs.org
Address: P.O. Box 27489
City: Albuquerque
State: NM
Zip: 87125-7489
Last Updated: 8/23/2005

Contract Number: H3206
Legal Entity Name: PRESBYTERIAN INSURANCE COMPANY, INC. Organization Type: Local CCP
Organization Marketing Name: Presbyterian MediCare PPO Plan Type: Local PPO
Parent Organization: Presbyterian Healthcare Services Contract Effective Date: 7/1/2005

MA Contact: Director, Claims
Name: Patricia Wilson
Phone: 1-505-923-5915
Extension:
Fax:
Email: pwilson@phs.org
Address: P.O. Box 26267

City: Albuquerque
State: NM
Zip: 87125-6267

Last Updated: 8/23/2005

Contract Number: H3207
Legal Entity Name: LOVELACE INSURANCE COMPANY Organization Type: Local CCP
Organization Marketing Name: Lovelace Insurance Company Plan Type: Local PPO
Parent Organization: Ardent Health Services. Contract Effective Date: 8/1/2005

MA Contact:
Name: Ruth Blea
Phone: 1-505-262-3816
Extension:
Fax: 1-505-232-1821
Email: ruth.blea@ardenthealth.com
Address: 4101 Indian School Rd. NE

City: Albuquerque
State: NM
Zip: 87110

Last Updated: 2/7/2007

Contract Number: H3208
Legal Entity Name: HCSC INSURANCE SERVICES COMPANY Organization Type: Local CCP
Organization Marketing Name: HISC - Blue Cross Blue Shield of New Mexico Plan Type: Local PPO
Parent Organization: Health Care Service Corporation Contract Effective Date: 8/1/2005

MA Contact:
Name: Customer Service
Phone: 1-866-706-7745
Extension:
Fax:
Email: kmyers@tmghealth.com
Address: Blue Medicare PPO
P.O. Box 3567

City: Scranton
State: PA
Zip: 18503

Last Updated: 4/19/2006

Contract Number: H3209
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY Organization Type: Local CCP
Organization Marketing Name: Evercare« Health Plans Plan Type: Local PPO
Parent Organization: UHC - Pacificare Contract Effective Date: 8/1/2005

MA Contact: Director of Operations
Name: Leslie L Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/17/2006

Contract Number: H3251
Legal Entity Name: LOVELACE HEALTH PLAN, INC. Organization Type: Local CCP
Organization Marketing Name: Lovelace Senior Plan Plan Type: HMO/HMOPOS
Parent Organization: Ardent Health Services. Contract Effective Date: 11/1/1993

MA Contact:

Name: Ruth Blea
Phone: 1-505-262-3816
Extension:
Fax: 1-505-232-1821
Email: ruth.blea@ardenthealth.com
Address: 4101 Indian School Rd. NE

City: Albuquerque
State: NM
Zip: 87110

Last Updated: 2/7/2007

Contract Number: H3304
Legal Entity Name: EXCELLUS HEALTH PLAN, INC. Organization Type: 1876 Cost
Organization Marketing Name: Excellus Health Plan, Inc. Plan Type: 1876 Cost
Parent Organization: Excellus, Inc Contract Effective Date: 9/1/1980

MA Contact: Director, Medicare Business Process Improvement

Name: Karen Bodley
Phone: 1-585-399-6655
Extension:
Fax: 1-585-339-7777
Email: karen.bodley@excellus.com
Address: 165 Court Street

City: Rochester
State: NY
Zip: 14647

Last Updated: 6/5/2007

Contract Number: H3305
Legal Entity Name: ROCHESTER AREA HMO/ DBA PREFERRED CARE Organization Type: Local CCP
Organization Marketing Name: Preferred Care Gold Plan Type: HMO/HMOPOS
Parent Organization: Rochester Area Health Maintenance Organization Contract Effective Date: 11/1/1985

MA Contact:

Name: Kelli Traver
Phone: 1-585-327-2529
Extension:
Fax:
Email: ktraver@preferredcare.org
Address: 259 Monroe Ave.

City: Rochester
State: NY
Zip: 14607

Last Updated: 7/26/2005

Contract Number: H3307
Legal Entity Name: OXFORD HEALTH PLANS (NY) INC. Organization Type: Local CCP
Organization Marketing Name: SecureHorizons by UnitedHealthcare Plan Type: HMO/HMOPOS
Parent Organization: UHC - PacifiCare Contract Effective Date: 10/1/1991

MA Contact:

Name: Michael Santoro
Phone: 1-203-459-7853
Extension:
Fax:
Email: msantoro@oxhp.com
Address: 48 Monroe Turnpike
CT015-1000

City: Trumbull
State: CT
Zip: 06611

Last Updated: 5/1/2007

Contract Number: H3312
Legal Entity Name: AETNA HEALTH INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/1/1986

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinG@aetna.com
Address: 3030 Northwest Expressway
MS F714
City: Oklahoma City
State: OK
Zip: 73101
Last Updated: 4/6/2007

Contract Number: H3314
Legal Entity Name: HIP OF GREATER NEW YORK
Organization Marketing Name: HIP Health Plan of Greater New York
Parent Organization: HIP, Health Plan of New York
Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 1/1/1987

MA Contact: No contact data submitted
Name:
Phone:
Extension:
Fax:
Email:
Address:

City:
State:
Zip:
Last Updated:

Contract Number: H3321
Legal Entity Name: INDEPENDENT LIVING SRVCS OF CENTRAL NY
Organization Marketing Name: Independent Living SrvcS Of Central Ny
Parent Organization: Independent Living SrvcS of Central NY
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2002

MA Contact:
Name: Heather Page
Phone: 1-315-452-5800
Extension: 130
Fax:
Email: hpage@lorettosystem.org
Address: 100 Malta Lane

City: North Syracuse
State: NY
Zip: 13212
Last Updated: 9/11/2006

Contract Number: H3322
Legal Entity Name: SENIOR CARE CONNECTION, INC.
Organization Marketing Name: Senior Care Connection, Inc.
Parent Organization: Senior Care Connection, Inc.
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2002

MA Contact: VicePresident/Director
Name: Bernadette Hallam
Phone: 1-518-382-3290
Extension: 216
Fax: 1-518-382-3398
Email: hallamb@nehealth.com
Address: 504 State Street

City: Schenectady
State: NY
Zip: 12305
Last Updated: 10/11/2005

Contract Number: H3327
Legal Entity Name: TOUCHSTONE HEALTH PARTNERSHIP
Organization Marketing Name: Touchstone Health
Parent Organization: Touchstone Health Partnership, Inc
Organization Type: Local CCP
Plan Type: PSO (Federal Waiver of State License)
Contract Effective Date: 1/1/2005

MA Contact: Vice President, Operations
Name: Brian Bodick
Phone: 1-212-294-6555
Extension:
Fax: 1-212-295-1040
Email: bbodick@Touchstone-Health.com
Address: 14 Wall Street

City: New York
State: NY
Zip: 10005

Last Updated: 5/16/2006

Contract Number: H3328
Legal Entity Name: NEW YORK STATE CATHOLIC HLTH PLAN INC
Organization Marketing Name: Fidelis
Parent Organization: Catholic Med Ctr/Diocese of Brooklyn
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 5/1/2004

MA Contact: AVP Claims
Name: Sharon Ryan
Phone: 1-716-564-3630
Extension: 2021
Fax: 1-716-564-3645
Email: sryan@fideliscare.org
Address: 40 John Glenn

City: Amherst
State: NY
Zip: 14228

Last Updated: 7/26/2005

Contract Number: H3329
Legal Entity Name: COMPREHENSIVE CARE MANAGEMENT CORP.
Organization Marketing Name: Comprehensive Care Management Corp.
Parent Organization: Comprehensive Care Management Corp.
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2003

MA Contact:
Name: Richard Rosen
Phone: 1-718-944-2100
Extension:
Fax:
Email: rrosen@bethabe.org
Address: 2275 Olinville Ave.

City: Bronx
State: NY
Zip: 10467

Last Updated: 5/11/2006

Contract Number: H3330
Legal Entity Name: HIP OF GREATER NEW YORK
Organization Marketing Name: HIP Health Plan of Greater New York
Parent Organization: HIP, Health Plan of New York
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/1987

MA Contact:
Name: Cynthia Aureli
Phone: 1-646-447-6377
Extension:
Fax:
Email: caureli@hipusa.com
Address: 55 Water Street

City: New York
State: NY
Zip: 10041

Last Updated: 10/14/2005

Contract Number: H3331
Legal Entity Name: INDEPENDENT LIVING FOR SENIORS, INC. Organization Type: National PACE
Organization Marketing Name: Independent Living For Seniors, Inc. Plan Type: National PACE
Parent Organization: Independent Living For Seniors Contract Effective Date: 11/1/2003

MA Contact: Enrollment Specialist
Name: Enza Mormino
Phone: 1-585-922-2848
Extension:
Fax: 1-585-922-2864
Email: Enza.Mormino@viahealth.org
Address: 2066 Hudson Avenue

City: Rochester
State: NY
Zip: 14617

Last Updated: 5/22/2007

Contract Number: H3333
Legal Entity Name: AMERICAN PROGRESSIVE LIFE/HLTH INS. Organization Type: PFFS
Organization Marketing Name: Today's Option Plan Type: PFFS
Parent Organization: Universal American Financial Corporation Contract Effective Date: 5/1/2004

MA Contact: Director, Claims
Name: Darian Newman
Phone: 1-713-273-8633
Extension:
Fax: 1-713-952-7819
Email: dnewman@hhsi.com
Address: 4888 Loop Central Drive
Suite 700

City: Houston
State: TX
Zip: 77081

Last Updated: 2/12/2007

Contract Number: H3335
Legal Entity Name: EXCELLUS HEALTH PLAN, INC. Organization Type: Local CCP
Organization Marketing Name: Excellus Health Plan, Inc. Plan Type: Local PPO
Parent Organization: Excellus, Inc Contract Effective Date: 7/1/2004

MA Contact: Director, Medicare Business Process Improvement
Name: Karen Bodley
Phone: 1-585-399-6655
Extension:
Fax: 1-585-339-7777
Email: karen.bodley@excellus.com
Address: 165 Court Street

City: Rochester
State: NY
Zip: 14647

Last Updated: 6/5/2007

Contract Number: H3336
Legal Entity Name: NEIGHBORHOOD HEALTH PROVIDERS LLC Organization Type: Local CCP
Organization Marketing Name: Neighborhood Health Providers Plan Type: HMO/HMOPOS
Parent Organization: Brookdale University and Hospital Contract Effective Date: 1/1/2005

MA Contact: Vice President
Name: Joanne Rodd
Phone: 1-631-582-5435
Extension:
Fax: 1-631-582-7230
Email: jrodd@royalhlc.com
Address: 1377 Motor Parkway
Suite 400

City: Islandia
State: NY
Zip: 11749

Last Updated: 7/28/2005

Contract Number: H3337
Legal Entity Name: LIBERTY HEALTH ADVANTAGE, INC. Organization Type: Local CCP
Organization Marketing Name: Liberty Health Advantage Plan Type: HMO/HMOPOS
Parent Organization: Liberty Health Advantage, Inc. Contract Effective Date: 8/1/2005

MA Contact:
Name: Patrina Jackson
Phone: 1-212-642-3433
Extension:
Fax:
Email: pjackson@libertyhealthadvantage.com
Address: 335 West 16th Street, 4th Floor

City: New York
State: NY
Zip: 10011-5902

Last Updated: 5/29/2007

Contract Number: H3338
Legal Entity Name: NATIONAL HEALTH PLAN NETWORK INC. Organization Type: HCPP - 1833 Cost
Organization Marketing Name: National Health Plan Network Inc. Plan Type: HCPP - 1833 Cost
Parent Organization: National Health Plan Network Inc. Contract Effective Date: 7/1/2005

MA Contact: No contact data submitted
Name:
Phone:
Extension:
Fax:
Email:
Address:

City:
State:
Zip:

Last Updated:

Contract Number: H3342
Legal Entity Name: EMPIRE HEALTHCHOICE ASSURANCE, INC. Organization Type: Local CCP
Organization Marketing Name: Empire BlueCross BlueShield Plan Type: Local PPO
Parent Organization: Wellpoint, Inc. Contract Effective Date: 9/1/2005

MA Contact: Claims Director
Name: William Hartman
Phone: 1-518-367-6286
Extension:
Fax: 1-518-367-6013
Email: william.hartman@empireblue.com
Address: 11 Corporate Woods Blvd

City: Loudonville
State: NY
Zip: 12211

Last Updated: 10/13/2005

Contract Number: H3344
Legal Entity Name: INDEPENDENT HEALTH BENEFITS CORP Organization Type: Local CCP
Organization Marketing Name: Independent Health Plan Type: Local PPO
Parent Organization: Independent Health Benefits Corporation Contract Effective Date: 9/1/2005

MA Contact: Product Admin, Medicare Operations
Name: Carleen Dunne
Phone: 1-716-635-7568
Extension:
Fax: 1-716-631-1038
Email: cdunne@independenthealth.com
Address: 511 Farber Lakes Drive

City: Buffalo
State: NY
Zip: 14221

Last Updated: 8/24/2005

Contract Number: H3345
Legal Entity Name: HIP INSURANCE COMPANY OF NEW YORK
Organization Marketing Name: Hip Insurance Company Of New York
Parent Organization: HIP, Health Plan of New York
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 9/1/2005

MA Contact:
Name: Cynthia Aureli
Phone: 1-646-447-6377
Extension:
Fax:
Email: caureli@hipusa.com
Address: 55 Water Street

City: New York
State: NY
Zip: 10041

Last Updated: 10/14/2005

Contract Number: H3346
Legal Entity Name: ROCHESTER AREA HEALTH MAINTENANCE ORG.
Organization Marketing Name: Preferred Care GoldAnywhere
Parent Organization: Rochester Area Health Maintenance Organization
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 9/1/2005

MA Contact:
Name: Kelli Traver
Phone: 1-585-327-2529
Extension:
Fax:
Email: ktraver@preferredcare.org
Address: 259 Monroe Ave.

City: Rochester
State: NY
Zip: 14607

Last Updated: 7/26/2005

Contract Number: H3347
Legal Entity Name: ELDERPLAN, INC.
Organization Marketing Name: Elderplan, Inc.
Parent Organization: Metropolitan Jewish Health System (MJHS)
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: AVP Claims & Technical Services
Name: Laurissa Burns
Phone: 1-718-921-7615
Extension:
Fax: 1-718-759-4034
Email: lburns@mjhs.org
Address: 6323 Seventh Avenue

City: Brooklyn
State: NY
Zip: 11220

Last Updated: 2/21/2007

Contract Number: H3351
Legal Entity Name: EXCELLUS HEALTH PLAN, INC.
Organization Marketing Name: Excellus Health Plan, Inc.
Parent Organization: Excellus, Inc
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1990

MA Contact: Director, Medicare Business Process Improvement
Name: Karen Bodley
Phone: 1-585-399-6655
Extension:
Fax: 1-585-339-7777
Email: karen.bodley@excellus.com
Address: 165 Court Street

City: Rochester
State: NY
Zip: 14647

Last Updated: 6/5/2007

Contract Number: H3356
Legal Entity Name: EXCELLUS HEALTH PLAN, INC. Organization Type: 1876 Cost
Organization Marketing Name: Excellus Health Plan, Inc. Plan Type: 1876 Cost
Parent Organization: Excellus, Inc Contract Effective Date: 1/1/1993

MA Contact: Director, Medicare Business Process Improvement
Name: Karen Bodley
Phone: 1-585-399-6655
Extension:
Fax: 1-585-339-7777
Email: karen.bodley@excellus.com
Address: 165 Court Street

City: Rochester
State: NY
Zip: 14647

Last Updated: 6/5/2007

Contract Number: H3359
Legal Entity Name: MANAGED HEALTH, INC. Organization Type: Local CCP
Organization Marketing Name: Healthfirst Medicare Plan Plan Type: HMO/HMOPOS
Parent Organization: Managed Health, Inc Contract Effective Date: 6/1/1994

MA Contact:
Name: H3359 Healthfirst Medicare
Phone: 1-888-801-1660
Extension:
Fax:
Email: webmaster@healthfirst.org
Address: PO Box 5196

City: New York
State: NY
Zip: 10004

Last Updated: 6/6/2007

Contract Number: H3361
Legal Entity Name: WELLCARE_OF NEW YORK, INC. Organization Type: Local CCP
Organization Marketing Name: WellCare Plan Type: HMO/HMOPOS
Parent Organization: WellCare Health Plans, Inc. Contract Effective Date: 9/1/1995

MA Contact: Director, Claims
Name: Patricia Thomas
Phone: 1-888-888-8935
Extension: 3711
Fax: 1-813-675-2650
Email: patricia.thomas@WellCare.com
Address: 8735 Henderson Blvd.

Ren 2
City: Tampa
State: FL
Zip: 33634

Last Updated: 1/16/2007

Contract Number: H3362
Legal Entity Name: INDEPENDENT HEALTH ASSOCIATION, INC. Organization Type: Local CCP
Organization Marketing Name: Independent Health Plan Type: HMO/HMOPOS
Parent Organization: Independent Health Benefits Corporation Contract Effective Date: 1/1/1996

MA Contact: Product Admin, Medicare
Name: Carleen Dunne
Phone: 1-716-635-7865
Extension:
Fax: 1-716-250-7197
Email: cdunne@independenthealth.com
Address: 511 Faber Lakes Drive

City: Buffalo
State: NY
Zip: 14221

Last Updated: 8/24/2005

Contract Number: H3366
Legal Entity Name: HEALTH NET OF NY
Organization Marketing Name: Health Net Of NY
Parent Organization: Health Net, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 3/1/1996

MA Contact: Manager, Calls and Claims, NE Operations
Name: Beth J Kelly
Phone: 1-203-402-4273
Extension:
Fax:
Email: beth.j.kelly@healthnet.com
Address: 100 Beard Sawmill Rd.
Mail Stop: CT-104-06-11
City: Shelton
State: CT
Zip: 06484
Last Updated: 3/30/2007

Contract Number: H3370
Legal Entity Name: EMPIRE HEALTHCHOICE HMO, INC.
Organization Marketing Name: Empire BlueCross BlueShield HMO
Parent Organization: Wellpoint, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/1996

MA Contact: Manager, Application Develop/Financial Reporting
Name: Robert Isea
Phone: 1-718-312-5252
Extension:
Fax: 1-718-312-6038
Email: robert.isea@empireblue.com
Address: 15 Metrotech Center, 2nd Floor
City: Brooklyn
State: NY
Zip: 11201
Last Updated: 7/28/2005

Contract Number: H3379
Legal Entity Name: UNITED HEALTHCARE OF NEW YORK, INC.
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 3/1/1997

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive
City: Eau Claire
State: WI
Zip: 54701
Last Updated: 8/3/2005

Contract Number: H3384
Legal Entity Name: HEALTHNOW NEW YORK INC
Organization Marketing Name: Senior Blue
Parent Organization: HealthNow New York Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 2/1/1998

MA Contact: Director, CSCO
Name: Denise Blattenberger
Phone: 1-716-887-2069
Extension:
Fax:
Email: Blattenberger.Denise@HealthNow.org
Address: 1901 Main Street
City: Buffalo
State: NY
Zip: 13905
Last Updated: 3/8/2006

Contract Number: H3387
Legal Entity Name: AMERICHoice OF NEW YORK, INC
Organization Marketing Name: AmeriChoice Personal Care Plus
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1999

MA Contact: VP, Operations and Compliance

Name: Christine Liberato

Phone: 1-602-664-5483

Extension:

Fax: 1-602-266-1846

Email: christine_liberato@uhc.com

Address: 3141 North Third Avenue

City: Phoenix

State: AZ

Zip: 85013

Last Updated: 11/25/2006

Contract Number: H3388
Legal Entity Name: CAPITAL DISTRICT PHYSICIANS' HP, INC.
Organization Marketing Name: CDPHP Medicare Choice
Parent Organization: Capital District Physicians' Health Plan, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 8/1/1999

MA Contact: Manager of Claims Operations

Name: Joanne Carlough

Phone: 1-518-641-3620

Extension:

Fax: 1-518-641-3505

Email: jcarloug@cdphp.com

Address: 500 Patroon Creek Blvd

City: Albany

State: NY

Zip: 12206

Last Updated: 5/1/2006

Contract Number: H3404
Legal Entity Name: PARTNERS NATIONAL HEALTH PLANS OF NC INC
Organization Marketing Name: Medicare Blue PPO
Parent Organization: Partners National Health Plans of North Carolina
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact: Sr. Segment Operations Director

Name: Sonya Walker

Phone: 1-336-201-4600

Extension:

Fax:

Email: sonya.walker@bcbsnc.com

Address: 5660 University Parkway

City: Winston-Salem

State: NC

Zip: 27105

Last Updated: 11/16/2006

Contract Number: H3405
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 8/1/2005

MA Contact:

Name: Pamela Wilson

Phone: 1-502-580-4854

Extension:

Fax: 1-502-580-7370

Email: pwilson@humana.com

Address: 500 West Main Street

City: Louisville

State: KY

Zip: 40202

Last Updated: 2/14/2006

Contract Number: H3435
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Erickson Advantage
Parent Organization: UHC - Pacificare
Organization Type: Demo
Plan Type: Continuing Care Retirement Community
Contract Effective Date: 1/1/2007

MA Contact:

Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/19/2006

Contract Number: H3449
Legal Entity Name: PARTNERS NATIONAL HEALTH PLANS OF NC, INC.
Organization Marketing Name: Medicare Blue HMO
Parent Organization: Partners National Health Plans of North Carolina
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/1995

MA Contact: Director

Name: Sonya Walker
Phone: 1-336-201-4600
Extension:
Fax:
Email: Sonya.Walker@bcbsnc.com
Address: 5660 University Parkway

City: Winston-Salem
State: NC
Zip: 27105

Last Updated: 9/11/2006

Contract Number: H3456
Legal Entity Name: UNITED HEALTHCARE OF NORTH CAROLINA
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 6/1/1997

MA Contact:

Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/3/2005

Contract Number: H3503
Legal Entity Name: HEART OF AMERICA HMO
Organization Marketing Name: Heart of America Health Plan
Parent Organization: Heart of America HMO
Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 1/1/1984

MA Contact: No contact data submitted

Name:
Phone:
Extension:
Fax:
Email:
Address:

City:
State:
Zip:

Last Updated:

Contract Number: H3613
Legal Entity Name: CONCORDIA CARE
Organization Marketing Name: Concordia Care
Parent Organization: Concordia Care
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2002

MA Contact: Finance Manager
Name: James Adamowicz
Phone: 1-216-791-3580
Extension: 234
Fax: 1-216-791-3281
Email: jadamowicz@metrohealth.org
Address: 2373 Euclid Heights Blvd.

City: Cleveland Heights
State: OH
Zip: 44106

Last Updated: 7/27/2005

Contract Number: H3614
Legal Entity Name: TRIHEALTH SENIORLINK
Organization Marketing Name: TriHealth Seniorlink
Parent Organization: TriHealth SeniorLink
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2002

MA Contact: Billing Specialist
Name: Stacy Straub
Phone: 1-513-569-5057
Extension:
Fax:
Email: stacy_straub@trihealth.com
Address: 619 Oak Street

City: Cincinnati
State: OH
Zip: 45206

Last Updated: 10/11/2005

Contract Number: H3619
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2005

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H3620
Legal Entity Name: MCKINLEY LIFE INSURANCE COMPANY
Organization Marketing Name: PrimeTime Health Plan
Parent Organization: McKinley Life Insurance Company
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact: Member Services/Claims Coordinator
Name: Robert James
Phone: 1-330-363-3931
Extension:
Fax: 1-330-580-6764
Email: rjames@aultman.com
Address: 214 Dartmouth Avenue SW

City: Canton
State: OH
Zip: 44710

Last Updated: 8/28/2006

Contract Number: H3623
Legal Entity Name: AETNA HEALTH OF (OHIO)
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714
City: Oklahoma City
State: OK
Zip: 73101
Last Updated: 4/6/2007

Contract Number: H3624
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 9/1/2005

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714
City: Oklahoma City
State: OK
Zip: 73101
Last Updated: 4/6/2007

Contract Number: H3653
Legal Entity Name: PARAMOUNT CARE, INC
Organization Marketing Name: Paramount Elite
Parent Organization: Promedica Health System
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 2/1/1995

MA Contact: Director of Claims
Name: Karen Holben
Phone: 1-419-887-2604
Extension:
Fax:
Email: karen.holben@promedica.org
Address: 1901 Indian Wood Circle
City: Maumee
State: OH
Zip: 43537
Last Updated: 8/2/2005

Contract Number: H3655
Legal Entity Name: COMMUNITY INSURANCE COMPANY
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Wellpoint, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/1/1994

MA Contact: Program Manager
Name: Virginia Breedon
Phone: 1-513-336-5301
Extension:
Fax: 1-513-336-3654
Email: virginia.breedon@anthem.com
Address: 4361 Irwin Simpson Road
Mailstop OH0102-C535
City: Mason
State: OH
Zip: 45040-9498
Last Updated: 2/26/2007

Contract Number: H3659
Legal Entity Name: UNITED HEALTHCARE OF OHIO, INC.
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 5/1/1996

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/3/2005

Contract Number: H3660
Legal Entity Name: SUMMACARE INC.
Organization Marketing Name: SummaCare
Parent Organization: SummaCare Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 6/1/1996

MA Contact: Director of Claims
Name: Linda Hunsicker
Phone: 1-330-996-8414
Extension: 68957
Fax: 1-330-996-8977
Email: Hunsickel@summacare.com
Address: P.O. Box 3620

City: Akron
State: OH
Zip: 44309-3620

Last Updated: 11/30/2006

Contract Number: H3664
Legal Entity Name: MCKINLEY LIFE INSURANCE COMPANY
Organization Marketing Name: PrimeTime Health Plan
Parent Organization: McKinley Life Insurance Company
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1997

MA Contact: Member Services/Claims Coordinator
Name: Robert James
Phone: 1-800-577-5084
Extension:
Fax: 1-330-580-6764
Email: rjames@aultman.com
Address: 214 Dartmouth Avenue SW

City: Canton
State: OH
Zip: 44710

Last Updated: 10/3/2006

Contract Number: H3668
Legal Entity Name: MT. CARMEL HEALTH PLAN, INC.
Organization Marketing Name: MediGold
Parent Organization: Trinity Health
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 3/1/1997

MA Contact: Director, Audit
Name: Cheri Randle
Phone: 1-614-546-3204
Extension:
Fax: 1-614-546-3145
Email: crandle@mchs.com
Address: 6150 E. Broad St, EE320

City: Columbus
State: OH
Zip: 43213

Last Updated: 3/28/2007

Contract Number: H3672
Legal Entity Name: HOMETOWN HEALTH PLAN
Organization Marketing Name: The Health Plan
Parent Organization: Hometown Health
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 3/1/1997

MA Contact: Vice-President, Operations
Name: Patti Fast
Phone: 1-740-695-7605
Extension:
Fax: 1-740-695-8103
Email: pfast@healthplan.org
Address: The Health Plan
52160 National Road East
City: St. Clairsville
State: OH
Zip: 43950
Last Updated: 2/28/2007

Contract Number: H3706
Legal Entity Name: GLOBALHEALTH, INC.
Organization Marketing Name: Generations Healthcare
Parent Organization: Universal American Financial Corporation
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2004

MA Contact: Director, Claims
Name: Darian Newman
Phone: 1-713-965-4444
Extension: 1145
Fax: 1-713-965-0433
Email: dnewman@hhsi.com
Address: 4888 Loop Central Drive
Suite 800
City: Houston
State: TX
Zip: 77081
Last Updated: 4/10/2007

Contract Number: H3708
Legal Entity Name: SELECTCARE OF OKLAHOMA, INC.
Organization Marketing Name: SelectCare of Oklahoma
Parent Organization: Universal American Financial Corporation
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 8/1/2005

MA Contact: Director, Claims
Name: Darian Newman
Phone: 1-713-273-8633
Extension:
Fax: 1-713-952-7819
Email: dnewman@hhsi.com
Address: 4888 Loop Central Drive
Suite 700
City: Houston
State: TX
Zip: 77081
Last Updated: 2/12/2007

Contract Number: H3709
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF OKLAHOMA
Organization Marketing Name: Blue Cross And Blue Shield Of Oklahoma
Parent Organization: Health Care Service Corporation
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact: director, Claims Administration
Name: Roxanne King
Phone: 1-918-594-5200
Extension:
Fax: 1-918-594-5260
Email: roxannek@ccok.com
Address: 218 W. 6th Street
City: Tulsa,
State: OK
Zip: 74119
Last Updated: 1/9/2006

Contract Number: H3749
Legal Entity Name: PACIFICARE OF OKLAHOMA, INC.
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacifcare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1991

MA Contact: Dir, Cust Svc Ctr
Name: Raynee D Andrews
Phone: 1-210-474-5440
Extension:
Fax: 1-210-478-4327
Email: raynee.andrews@phs.com
Address: 6200 Northwest Parkway

City: San Antonio
State: TX
Zip: 78249

Last Updated: 8/2/2005

Contract Number: H3755
Legal Entity Name: COMMUNITY CARE HMO, INC
Organization Marketing Name: CommunityCare Senior Health Plan
Parent Organization: Francis Hospital and St. John Medical Center
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 5/1/1996

MA Contact:
Name: Roxanne King
Phone: 1-918-594-5200
Extension: 6801
Fax:
Email: roxannek@ccok.com
Address: 218 W.6TH STREET

City: TULSA
State: OK
Zip: 74119

Last Updated: 7/26/2005

Contract Number: H3805
Legal Entity Name: PACIFICARE OF OREGON, INC.
Organization Marketing Name: AARP MedicareComplete provided by SecureHorizons
Parent Organization: UHC - Pacifcare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1986

MA Contact: Dir, Cust Svc Ctr
Name: Debbie A Salas
Phone: 1-714-226-4720
Extension:
Fax: 1-714-226-4640
Email: debbie.salas@phs.com
Address: 10801 Walker Dr

City: Cypress
State: CA
Zip: 90630

Last Updated: 8/2/2005

Contract Number: H3809
Legal Entity Name: PROVIDENCE HEALTH SYSTEM - OREGON
Organization Marketing Name: Providence ElderPlace Portland
Parent Organization: Providence Health System
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2003

MA Contact: Finance Director
Name: Brantley Dettmer
Phone: 1-503-215-3859
Extension:
Fax: 1-503-215-0685
Email: brantley.dettmer@providence.org
Address: 4531 SE Belmont
Suite 100

City: Portland
State: OR
Zip: 97215

Last Updated: 5/22/2007

Contract Number: H3810
Legal Entity Name: MID ROGUE INDEPENDENT PHYSICIAN ASSOCIATION
Organization Marketing Name: CareSource
Parent Organization: Mid Rogue Community Health Plan
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 5/1/2005

MA Contact: Claims Manager
Name: Sharon Vaughn
Phone: 1-541-471-4106
Extension:
Fax: 1-541-471-1524
Email: svaughn@mripa.org
Address: 820 NE 7th Street

City: Grants Pass
State: OR
Zip: 97526

Last Updated: 7/26/2005

Contract Number: H3811
Legal Entity Name: SAMARITAN HEALTH PLANS, INC.
Organization Marketing Name: Samaritan Advantage Health Plan
Parent Organization: Samaritan Health Services
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 6/1/2005

MA Contact: Claims Manager
Name: Georgette Lugo
Phone: 1-541-768-4550
Extension:
Fax: 1-541-768-4294
Email: glugo@samhealth.org
Address: PO Box M

City: Corvallis
State: OR
Zip: 97339

Last Updated: 5/15/2006

Contract Number: H3812
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 6/1/2005

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/3/2005

Contract Number: H3813
Legal Entity Name: ODS HEALTH PLAN, INC.
Organization Marketing Name: ODS Health Plan, Inc.
Parent Organization: The ODS Companies (ODS)
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact: ODS Advantage Customer Service
Name: Customer Service
Phone: 1-877-299-9062
Extension:
Fax: 1-503-948-5577
Email: medical@odscompanies.com
Address: 601 SW Second Ave

City: Portland
State: OR
Zip: 97204

Last Updated: 6/6/2007

Contract Number: H3814
Legal Entity Name: ATRIO HEALTH PLANS
Organization Marketing Name: ATRIO MyAdvantage
Parent Organization: ATRIO Health Plans
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact: Director of Operations
Name: Renee Dodd
Phone: 1-541-672-8620
Extension:
Fax: 1-541-672-8670
Email: Renee.Dodd@atriohp.com
Address: 500 SE Cass Ave.
Suite 230
City: Roseburg
State: OR
Zip: 97470
Last Updated: 6/24/2007

Contract Number: H3815
Legal Entity Name: CITIZENS CHOICE HEALTHPLAN
Organization Marketing Name: Citizens Choice Healthplan
Parent Organization: Honored Citizens Choice Health Plan
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact: Claims Manager
Name: Valerie Padilla
Phone: 1-323-728-7232
Extension:
Fax: 1-323-728-8494
Email: vpadilla@mycchp.com
Address: 5400 E. Olympic Blvd., Suite 130
City: Los Angeles
State: CA
Zip: 90022
Last Updated: 8/2/2006

Contract Number: H3817
Legal Entity Name: REGENCE BLUECROSS BLUESHIELD OF OR
Organization Marketing Name: Regence BlueCross BlueShield of Oregon
Parent Organization: The Regence Group
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact: Manager Claims Processing
Name: Holly M Moore
Phone: 1-503-587-3274
Extension:
Fax:
Email: hm Moore@regence.com
Address: 201 High Street, SE
PO Box 12625
City: Salem
State: OR
Zip: 97309-0625
Last Updated: 5/11/2007

Contract Number: H3818
Legal Entity Name: FAMILYCARE HEALTH PLANS, INC.
Organization Marketing Name: FamilyCare Health Plans, Inc.
Parent Organization: FamilyCare Incorporated
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 9/1/2005

MA Contact: Claims Supervisor
Name: Theresa Mengis
Phone: 1-503-471-2127
Extension:
Fax: 1-503-471-2177
Email: Theresam@familycareinc.org
Address: 2121 SW Broadway #300
City: Portland
State: OR
Zip: 97201
Last Updated: 3/28/2007

Contract Number: H3851
Legal Entity Name: REGENCE BLUE CROSS BLUE SHIELD OF OREGON
Organization Marketing Name: Regence BlueCross BlueShield Of Oregon
Parent Organization: The Regence Group
Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 1/1/1993

MA Contact: Manager Claims Processing

Name: Holly M Moore

Phone: 1-503-387-3274

Extension:

Fax:

Email: hm Moore@regence.com

Address: 201 High Street, SE

PO Box 12625

City: Salem

State: OR

Zip: 97309-0625

Last Updated: 5/11/2007

Contract Number: H3864
Legal Entity Name: CLEAR CHOICE HEALTH PLANS, INC.
Organization Marketing Name: Clear Choice Health Plans
Parent Organization: Clear Choice Health Plans, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1999

MA Contact: VP of Operations

Name: Rowena Rosenblum

Phone: 1-541-385-5315

Extension: 111

Fax:

Email: rrosenblum@clearchoicehp.com

Address: 2650 NE Courtney Dr.

City: Bend

State: OR

Zip: 97701

Last Updated: 11/8/2006

Contract Number: H3887
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact:

Name: Leslie Sheldon

Phone: 1-715-858-2295

Extension:

Fax:

Email: leslie_k_sheldon@uhc.com

Address: 2725 Mall Dr

City: Eau Claire

State: WI

Zip: 54701

Last Updated: 4/19/2006

Contract Number: H3907
Legal Entity Name: UNIVERSITY OF PITTSBURGH MEDICAL CENTER
Organization Marketing Name: UPMC Health Plan
Parent Organization: University of Pittsburgh Medical Center
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2001

MA Contact: Manager, Medicare Operations

Name: John Cain

Phone: 1-412-454-5539

Extension:

Fax: 1-412-454-7711

Email: cainjo@upmc.edu

Address: 112 Washington Place Suite 800

City: Pittsburgh

State: PA

Zip: 15219

Last Updated: 8/5/2005

Contract Number: H3908
Legal Entity Name: TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA
Organization Marketing Name: Trustees Of The University Of Pennsylvania
Parent Organization: Trustees of the University of Pennsylvania
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 1/1/2002

MA Contact: Director of Finance
Name: Terry Klein
Phone: 1-215-573-7201
Extension:
Fax:
Email: terryk2@nursing.upenn.edu
Address: 4508 Chestnut Street

City: Philadelphia
State: PA
Zip: 19139

Last Updated: 5/21/2007

Contract Number: H3909
Legal Entity Name: INDEPENDENCE BLUE CROSS
Organization Marketing Name: Personal Choice 65
Parent Organization: Independence Blue Cross
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2002

MA Contact: Director, Government Programs Claims Processing
Name: Theresa Baugh
Phone: 1-215-241-4476
Extension:
Fax:
Email: Theresa.Baugh@ibx.com
Address: 925 Chestnut Street - C4

City: Philadelphia
State: PA
Zip: 19107

Last Updated: 11/9/2006

Contract Number: H3912
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« Health Plans
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 9/1/2002

MA Contact: Director of Operations
Name: Leslie K Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/17/2006

Contract Number: H3916
Legal Entity Name: HIGHMARK, INC.
Organization Marketing Name: Highmark Inc.
Parent Organization: Highmark Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 5/1/2003

MA Contact: Director, Claims & Customer Service
Name: J. Mark Hoover
Phone: 1-412-544-7075
Extension:
Fax: 1-412-544-2458
Email: jmark.hoover@highmark.com
Address: 120 Fifth Avenue, Ste. FAP 1835

City: Pittsburgh
State: PA
Zip: 15222

Last Updated: 7/28/2005

Contract Number: H3917
Legal Entity Name: PITTSBURGH CARE PARTNERSHIP, INC. Organization Type: National PACE
Organization Marketing Name: Community LIFE Plan Type: National PACE
Parent Organization: Pittsburgh Care Partnership, Inc. Contract Effective Date: 3/1/2004

MA Contact: CONTROLLER
Name: ANGIE M TRUMP
Phone: 1-412-436-1333
Extension:
Fax: 1-412-436-1322
Email: trumpam@upmc.edu
Address: SUITE # 700
2400 ARDMORE BOULEVARD
City: PITTSBURGH
State: PA
Zip: 15221
Last Updated: 5/23/2007

Contract Number: H3918
Legal Entity Name: LIVING INDEPENDENCE FOR THE ELDERLY Organization Type: National PACE
Organization Marketing Name: LIFE Pittsburgh Plan Type: National PACE
Parent Organization: Living Independence for the Elderly Contract Effective Date: 5/1/2005

MA Contact: Director of Finance
Name: Laura B Schmitt
Phone: 1-412-388-8042
Extension:
Fax: 1-412-388-8055
Email: lschmitt@lifepittsburgh.org
Address: 875 Greentree Road
One Parkway Center, Suite 200
City: Pittsburgh
State: PA
Zip: 15220
Last Updated: 1/9/2006

Contract Number: H3919
Legal Entity Name: ST AGNES MEDICAL CENTER Organization Type: National PACE
Organization Marketing Name: St Agnes LIFE Plan Type: National PACE
Parent Organization: St Agnes Medical Center Contract Effective Date: 10/1/2005

MA Contact: Finance Director
Name: Sue Graydon
Phone: 1-215-339-4533
Extension:
Fax: 1-215-339-4554
Email: sgraydon@che-east.org
Address: 1900 S. Broad St.

City: Philadelphia
State: PA
Zip: 19145
Last Updated: 1/29/2007

Contract Number: H3920
Legal Entity Name: UNISON HEALTH PLAN OF PENNSYLVANIA, INC. Organization Type: Local CCP
Organization Marketing Name: Unison Advantage Plan Type: HMO/HMOPOS
Parent Organization: Three Rivers Health Group Contract Effective Date: 4/1/2005

MA Contact: Manager, Claims Department
Name: Nancy Heider
Phone: 1-412-858-4030
Extension:
Fax: 1-412-457-1627
Email: nancy.heider@unisonhealthplan.com
Address: Building 801, 4th Floor
1388 Beulah Road
City: Monroeville
State: PA
Zip: 15146
Last Updated: 1/18/2006

Contract Number: H3921
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 9/1/2005

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/3/2005

Contract Number: H3923
Legal Entity Name: CAPITAL ADVANTAGE INSURANCE COMPANY
Organization Marketing Name: Capital Advantage Insurance Company
Parent Organization: Capital BlueCross
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 9/1/2005

MA Contact: Senior Director Medicare Programs
Name: Margaret Williard
Phone: 1-717-541-7561
Extension:
Fax: 1-717-541-6072
Email: margaret.williard@khpc.com
Address: 2500 Elmerton Avenue

City: Harrisburg
State: PA
Zip: 17177

Last Updated: 10/30/2006

Contract Number: H3924
Legal Entity Name: GEISINGER INDEMNITY INSURANCE COMPANY
Organization Marketing Name: Geisinger Health Plan Gold Preferred
Parent Organization: Geisinger Health System
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 9/1/2005

MA Contact: Team Leader, Customer Service
Name: Rita Buggy
Phone: 1-570-214-1997
Extension:
Fax: 1-570-271-5970
Email: rbuggy@thehealthplan.com
Address: 100 North Academy Avenue

City: Danville
State: PA
Zip: 17822-3029

Last Updated: 5/4/2007

Contract Number: H3931
Legal Entity Name: AETNA HEALTH INC
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 11/1/1985

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714

City: Oklahoma City
State: OK
Zip: 73101

Last Updated: 4/6/2007

Contract Number: H3949
Legal Entity Name: ELDER HEALTH PENNSYLVANIA, INC.
Organization Marketing Name: Bravo by Elder Health
Parent Organization: Elder Health, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 2/1/1992

MA Contact: Assistant Vice President, Managed Care Systems

Name: Louise McCagg

Phone: 1-410-864-4566

Extension:

Fax: 1-410-864-4467

Email: Louise.McCagg@ElderHealth.com

Address: 3601 O'Donnell Street

City: Baltimore

State: MD

Zip: 21224

Last Updated: 8/15/2005

Contract Number: H3952
Legal Entity Name: KEYSTONE HEALTH PLAN EAST, INC.
Organization Marketing Name: Keystone 65
Parent Organization: Independence Blue Cross
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1993

MA Contact: Director, Government Programs Claims Processing

Name: Theresa Baugh

Phone: 1-215-241-4476

Extension:

Fax:

Email: Theresa.Baugh@ibx.com

Address: 925 Chestnut Street - C4

City: Philadelphia

State: PA

Zip: 19107

Last Updated: 11/9/2006

Contract Number: H3954
Legal Entity Name: GEISINGER HEALTH PLAN
Organization Marketing Name: Geisinger Health Plan Gold
Parent Organization: Geisinger Health System
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 3/1/1994

MA Contact: Team Leader, Customer Service

Name: Rita Buggy

Phone: 1-570-214-1997

Extension:

Fax: 1-570-271-5970

Email: rbuggy@thehealthplan.com

Address: 100 N. Academy Ave.

City: Danville

State: PA

Zip: 17822-3029

Last Updated: 3/6/2007

Contract Number: H3957
Legal Entity Name: KEYSTONE HEALTH PLAN WEST, INC.
Organization Marketing Name: Keystone Health Plan West, Inc.
Parent Organization: Highmark Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 3/1/1995

MA Contact: Director Claims and Customer Service

Name: J. Mark Hoover

Phone: 1-412-544-7075

Extension:

Fax: 1-412-544-2458

Email: jmark.hoover@highmark.com

Address: 120 Fifth Avenue, Ste. FAP 1835

City: Pittsburgh

State: PA

Zip: 15222

Last Updated: 1/18/2007

Contract Number: H3959
Legal Entity Name: HEALTHAMERICA PENNSYLVANIA, INC. Organization Type: Local CCP
Organization Marketing Name: HealthAmerica Advantra Plan Type: HMO/HMOPOS
Parent Organization: Coventry Health Care Inc. Contract Effective Date: 1/1/1996

MA Contact: Medicare Compliance Manager, HAPA, Carelink
Name: Barbara Sellman
Phone: 1-800-470-4272
Extension:
Fax: 1-412-577-5416
Email: besellman@cvtv.com
Address: 11 Stanwix Street
Suite 2300
City: Pittsburgh
State: PA
Zip: 15222
Last Updated: 7/27/2005

Contract Number: H3962
Legal Entity Name: KEYSTONE HEALTH PLAN CENTRAL, INC. Organization Type: Local CCP
Organization Marketing Name: Keystone Health Plan Central, Inc. Plan Type: HMO/HMOPOS
Parent Organization: Capital BlueCross Contract Effective Date: 5/1/1996

MA Contact: Senior Director Medicare Programs
Name: Margaret A Williard
Phone: 1-717-541-7561
Extension:
Fax: 1-717-541-6072
Email: margaret.williard@khpc.com
Address: 2500 Elmerton Avenue

City: Harrisburg
State: PA
Zip: 17177
Last Updated: 10/30/2006

Contract Number: H3964
Legal Entity Name: HEALTH PARTNERS OF PHILADELPHIA INC Organization Type: Local CCP
Organization Marketing Name: Senior Partners Plan Type: HMO/HMOPOS
Parent Organization: Health Partners, Inc. Contract Effective Date: 1/1/1997

MA Contact: Director, Pharmacy
Name: Ramesh Vangala
Phone: 1-215-991-4300
Extension:
Fax: 1-215-849-2150
Email: rvangala@healthpart.com
Address: 901 Market Street
Suite 500
City: Philadelphia
State: PA
Zip: 19107
Last Updated: 2/1/2006

Contract Number: H4003
Legal Entity Name: MMM HEALTHCARE, INC. Organization Type: Local CCP
Organization Marketing Name: Medicare y Mucho Más Plan Type: HMO/HMOPOS
Parent Organization: Aveta, LLC. Contract Effective Date: 9/1/2001

MA Contact:
Name: Maritza I Vazquez
Phone: 1-787-622-3000
Extension: 5990
Fax: 1-787-620-2399
Email: maritza.vazquez@mmmhc.com
Address: Bechara Industrial Park, Marginal Avenue
Kennedy Segarra Street Bldg., No. 411
City: San Juan
State: PR
Zip: 00936
Last Updated: 4/16/2007

Contract Number: H4004
Legal Entity Name: PREFERRED MEDICARE CHOICE, INC. Organization Type: Local CCP
Organization Marketing Name: Preferred Medicare Choice, Inc. Plan Type: HMO/HMOPOS
Parent Organization: Preferred Health Management Contract Effective Date: 8/1/2004

MA Contact:

Name: Maritza Vazquez
Phone: 1-787-622-3000
Extension: 5990
Fax: 1-787-620-2399
Email: maritza.vazquez@mmmhc.com
Address: Bechara Industrial Park
Marginal Avenue, Kennedy Segarra Street Bldg., No. 411
City: San Juan
State: PR
Zip: 00936

Last Updated: 4/27/2007

Contract Number: H4005
Legal Entity Name: TRIPLE-S, INC. Organization Type: Local CCP
Organization Marketing Name: Triple-S, Inc. Plan Type: Local PPO
Parent Organization: Blue Shield of Puerto Rico Contract Effective Date: 1/1/2005

MA Contact: Claims Processing Supervisor

Name: Leticia Olmo
Phone: 1-787-273-1110
Extension: 4371
Fax:
Email: lolmo2@ssspr.com
Address: PO Box 363628

City: San Juan
State: PR
Zip: 00936-3628

Last Updated: 7/29/2005

Contract Number: H4006
Legal Entity Name: MCS ADVANTAGE INC. Organization Type: Local CCP
Organization Marketing Name: MCS Classicare Plan Type: HMO/HMOPOS
Parent Organization: Medical Card System, Inc. Contract Effective Date: 1/1/2005

MA Contact: Special Projects Claims Director

Name: Hilda Serrano
Phone: 1-787-758-2500
Extension: 2601
Fax: 1-787-622-2473
Email: hserrano@medicalcardsystem.com
Address: PO Box 191720

City: San Juan
State: PR
Zip: 00919-1720

Last Updated: 5/22/2007

Contract Number: H4007
Legal Entity Name: HUMANA HEALTH PLANS OF PUERTO RICO INC Organization Type: Local CCP
Organization Marketing Name: Humana Health Plans Of Puerto Rico Inc Plan Type: HMO/HMOPOS
Parent Organization: Humana Inc. Contract Effective Date: 6/1/2005

MA Contact:

Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H4008
Legal Entity Name: HUMANA INSURANCE OF PUERTO RICO, INC
Organization Marketing Name: Humana Insurance Of Puerto Rico, Inc
Parent Organization: Humana Inc.
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 6/1/2005

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H4009
Legal Entity Name: SDM HEALTHCARE MANAGEMENT, INC.
Organization Marketing Name: Salud Dorada con Medicare
Parent Organization: SDM Healthcare Management, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 9/1/2005

MA Contact: Manager Provider Systems
Name: Jessica Alamo
Phone: 1-787-999-4848
Extension:
Fax: 1-787-999-7939
Email: jessica.alamo@sdmpr.com
Address: P.O. Box 3078

City: Bayamon
State: PR
Zip: 00960-3078

Last Updated: 3/1/2007

Contract Number: H4011
Legal Entity Name: FIRST MEDICAL HEALTH PLAN, INC.
Organization Marketing Name: First Medical Health Plan, Inc.
Parent Organization: First Medical Health Plan
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 8/1/2005

MA Contact: Project Manager
Name: Kristin S Greeley
Phone: 1-787-625-9557
Extension: 225
Fax: 1-787-300-3912
Email: k.greeley@firstpluspr.com
Address: P.O. Box 195559

City: San Juan
State: PR
Zip: 00919

Last Updated: 4/23/2007

Contract Number: H4012
Legal Entity Name: TRIPLE-S, INC.
Organization Marketing Name: Triple-S, Inc.
Parent Organization: Blue Shield of Puerto Rico
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 6/1/2005

MA Contact: Claims Director
Name: Samuel Ortiz
Phone: 1-787-277-6588
Extension:
Fax: 1-787-706-4044
Email: sortiz@ssspr.com
Address: PO Box 363628

City: San Juan
State: PR
Zip: 00936-3628

Last Updated: 8/4/2005

Contract Number: H4102
Legal Entity Name: UNITED HEALTH PLANS OF NEW ENGLAND, INC.
Organization Marketing Name: AARP MedicareComplete provided by SecureHorizons
Parent Organization: UHC - Pacificare

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/1/1987

MA Contact:

Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/3/2005

Contract Number: H4105
Legal Entity Name: PACE ORGANIZATION OF RHODE ISLAND
Organization Marketing Name: Pace Organization Of Rhode Island
Parent Organization: PACE Organization of Rhode Island

Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 12/1/2005

MA Contact: CFO

Name: Lisa M Cohen
Phone: 1-401-490-6566
Extension:
Fax: 1-401-490-7614
Email: lcohen@pace-ri.org
Address: 225 Chapman Street, Box 7

City: Providence
State: RI
Zip: 02905

Last Updated: 5/10/2006

Contract Number: H4106
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« Health Plans
Parent Organization: UHC - Pacificare

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 9/1/2005

MA Contact: Director of Operations

Name: Leslie Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/17/2006

Contract Number: H4152
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF RHODE ISLAND
Organization Marketing Name: Blue Cross & Blue Shield Of Rhode Island
Parent Organization: Blue Cross & Blue Shield of Rhode Island

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1997

MA Contact:

Name: Jack Emerson
Phone: 1-401-459-2514
Extension:
Fax:
Email: emerson.j@bcbsri.org
Address: 444 Westminster Street

City: Providence
State: RI
Zip: 02903

Last Updated: 3/16/2006

Contract Number: H4203
Legal Entity Name: PALMETTO HEALTH ALLIANCE
Organization Marketing Name: Palmetto SeniorCare
Parent Organization: Palmetto Health Alliance
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2003

MA Contact: Health Information Coordinator
Name: Ollie McCray
Phone: 1-803-434-3770
Extension:
Fax: 1-803-434-3773
Email: Ollie.McCray@palmettohealth.org
Address: 15 Richland Medical Park Drive, Suite 203

City: Columbia
State: SC
Zip: 29203

Last Updated: 1/10/2007

Contract Number: H4204
Legal Entity Name: INSTIL HEALTH INSURANCE COMPANY
Organization Marketing Name: InStil Health Insurance Company
Parent Organization: BlueCross BlueShield of South Carolina (BCBSSC)
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 4/1/2005

MA Contact: Contracts & Administration
Name: Dee A Yurko
Phone: 1-803-763-5888
Extension:
Fax: 1-803-935-1411
Email: Dee.Yurko@myinstil.com
Address: InStil Health Insurance Company
17 Technology Circle

City: Columbia
State: SC
Zip: 29203

Last Updated: 6/7/2006

Contract Number: H4205
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA
Organization Marketing Name: Blue Cross Blue Shield of South Carolina
Parent Organization: BlueCross BlueShield of South Carolina (BCBSSC)
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 6/1/2005

MA Contact: Manager
Name: Ellen Fuseler
Phone: 1-888-645-6025
Extension:
Fax: 1-803-264-9581
Email: Ellen.Fuseler@BCBSSC.com
Address: PO Box 100191

City: Columbia
State: SC
Zip: 29202

Last Updated: 4/30/2007

Contract Number: H4206
Legal Entity Name: INSTIL HEALTH INSURANCE COMPANY
Organization Marketing Name: Instil Health Insurance Company
Parent Organization: BlueCross BlueShield of South Carolina (BCBSSC)
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 6/1/2005

MA Contact: Contracts & Administration
Name: Dee A Yurko
Phone: 1-803-763-5888
Extension:
Fax: 1-803-935-1411
Email: Dee.Yurko@myinstil.com
Address: InStil Health Insurance Company
17 Technology Circle

City: Columbia
State: SC
Zip: 29203

Last Updated: 6/7/2006

Contract Number: H4207
Legal Entity Name: BLUECHOICE HEALTHPLAN OF SOUTH CAROLINA, INC. Organization Type: Local CCP
Organization Marketing Name: BlueChoice HealthPlan Plan Type: Local PPO
Parent Organization: BlueCross BlueShield of South Carolina (BCBSSC) Contract Effective Date: 9/1/2005

MA Contact: Senior Director, Claims
Name: Ida Myers
Phone: 1-803-382-5267
Extension:
Fax: 1-803-382-5157
Email: Ida.Myers@bluechoicesc.com
Address: P.O. Box 6170
AX-415
City: Columbia
State: SC
Zip: 29260
Last Updated: 2/27/2006

Contract Number: H4209
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA Organization Type: Local CCP
Organization Marketing Name: Blue Cross Blue Shield of South Carolina Plan Type: Local PPO
Parent Organization: BlueCross BlueShield of South Carolina (BCBSSC) Contract Effective Date: 9/1/2005

MA Contact: Manager
Name: Ellen Fuseler
Phone: 1-888-645-6025
Extension:
Fax: 1-803-264-9581
Email: Ellen.Fuseler@BCBSSC.com
Address: PO Box 100191

City: Columbia
State: SC
Zip: 29202
Last Updated: 4/30/2007

Contract Number: H4402
Legal Entity Name: ALEXIAN BROTHERS COMMUNITY SERVICES Organization Type: National PACE
Organization Marketing Name: Alexian Brothers Community Services Plan Type: National PACE
Parent Organization: Alexian Brothers Community Services Contract Effective Date: 11/1/2002

MA Contact: Director of Accounting
Name: Catherine McKenzie
Phone: 1-423-698-0802
Extension: 200
Fax: 1-423-622-6048
Email: cmckenzie@alexianbrothers.net
Address: 425 Cumberland Street
Suite 110
City: Chattanooga
State: TN
Zip: 37404
Last Updated: 5/9/2007

Contract Number: H4406
Legal Entity Name: UNITED HEALTHCARE OF TENNESSEE, INC. Organization Type: Local CCP
Organization Marketing Name: AARP MedicareComplete provided by SecureHorizons Plan Type: HMO/HMOPOS
Parent Organization: UHC - Pacifcare Contract Effective Date: 1/1/2005

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701
Last Updated: 8/3/2005

Contract Number: H4407
Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC. Organization Type: Local CCP
Organization Marketing Name: Healthspring, Inc. Plan Type: HMO/HMOPOS
Parent Organization: NewQuest Health Solutions LLC Contract Effective Date: 7/1/2005

MA Contact: Vice President, Business Service Operations

Name: Beth Keisler

Phone: 1-615-291-7000

Extension:

Fax:

Email: bethk@myhealthspring.com

Address: 44 Vantage Way
Suite 300

City: Nashville

State: TN

Zip: 37228

Last Updated: 9/14/2005

Contract Number: H4408
Legal Entity Name: HUMANA INSURANCE COMPANY Organization Type: Local CCP
Organization Marketing Name: Humana Insurance Company Plan Type: Local PPO
Parent Organization: Humana Inc. Contract Effective Date: 9/1/2005

MA Contact:

Name: Pamela Wilson

Phone: 1-502-580-4854

Extension:

Fax: 1-502-580-7370

Email: pwilson@humana.com

Address: 500 West Main Street

City: Louisville

State: KY

Zip: 40202

Last Updated: 2/14/2006

Contract Number: H4449
Legal Entity Name: SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC. Organization Type: PFFS
Organization Marketing Name: Sierra Optima Plan Type: PFFS
Parent Organization: Sierra Health Services, Inc. Contract Effective Date: 1/1/2007

MA Contact: Director, Health Informatics

Name: Alejandro Corral

Phone: 1-702-242-7215

Extension:

Fax:

Email: vargas@sierrahealth.com

Address: 2716 N. Tenaya Way

City: Las Vegas

State: NV

Zip: 89128

Last Updated: 10/18/2006

Contract Number: H4454
Legal Entity Name: HEALTHSPRING OF TENNESSEE, INC. Organization Type: Local CCP
Organization Marketing Name: Healthspring Plan Type: HMO/HMOPOS
Parent Organization: NewQuest Health Solutions LLC Contract Effective Date: 10/1/1996

MA Contact: Vice President

Name: Beth Kiesler

Phone: 1-615-291-7039

Extension: 2511

Fax: 1-615-291-7011

Email: BethK@myhealthspring.com

Address: 44 Vantage Way Suite 300

City: Nashville

State: TN

Zip: 37228

Last Updated: 9/15/2005

Contract Number: H4456
Legal Entity Name: UNITED HEALTHCARE PLAN OF THE RIVER VALLEY, INC.
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/1997

MA Contact: Director Customer Support
Name: Keith B Winfield
Phone: 1-800-747-1446
Extension:
Fax:
Email: keith_b_winfield@uhc.com
Address: 3800 Avenue of the Cities, Suite 200

City: Moline
State: IL
Zip: 61265

Last Updated: 2/15/2007

Contract Number: H4461
Legal Entity Name: CARITEN HEALTH PLAN IN
Organization Marketing Name: Cariten Senior Health
Parent Organization: Covenant Health & Mountain States Health Alliance
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1998

MA Contact: Compliance Specialist
Name: Julie A Sellers
Phone: 1-865-670-7214
Extension:
Fax: 1-865-374-4246
Email: jaseller@covhlth.com
Address: 1420 Centerpoint Blvd

City: Knoxville
State: TN
Zip: 37932

Last Updated: 3/6/2006

Contract Number: H4506
Legal Entity Name: SELECTCARE OF TEXAS, L.L.C.
Organization Marketing Name: SelectCare of Texas, LLC
Parent Organization: Universal American Financial Corporation
Organization Type: Local CCP
Plan Type: PSO (State License)
Contract Effective Date: 3/1/2001

MA Contact: Director, Claims
Name: Darian Newman
Phone: 1-713-273-8633
Extension:
Fax: 1-713-952-7819
Email: dnewman@hhsi.com
Address: 4888 Loop Central Drive
Suite 700

City: Houston
State: TX
Zip: 77081

Last Updated: 2/12/2007

Contract Number: H4510
Legal Entity Name: HUMANA HEALTH PLAN OF TEXAS, INC.
Organization Marketing Name: Humana Health Plan of Texas, Inc.
Parent Organization: Humana Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 3/1/1988

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H4513
Legal Entity Name: TEXAS HEALTHSPRING LLC
Organization Marketing Name: Texas HealthSpring
Parent Organization: NewQuest Health Solutions LLC
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 3/1/2001

MA Contact: Vice President, Business Service Operations

Name: Beth Keisler

Phone: 1-615-291-7000

Extension:

Fax: 1-615-291-7011

Email: bethk@myhealthspring.com

Address: 44 Vantage Way - Suite 300

City: Nashville

State: TN

Zip: 37228

Last Updated: 9/14/2005

Contract Number: H4514
Legal Entity Name: EVERCARE OF TEXAS, LLC
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 8/1/2002

MA Contact: Director of Operations

Name: Leslie K Sheldon

Phone: 1-715-858-2200

Extension:

Fax:

Email: leslie_sheldon@uhc.com

Address: 2725 Mall Drive

WI080-1000

City: Eau Claire

State: WI

Zip: 54701

Last Updated: 4/30/2006

Contract Number: H4517
Legal Entity Name: AMARILLO MULTISVC CTR FR THE AGING INC
Organization Marketing Name: Amarillo Multisvc Ctr For The Aging Inc
Parent Organization: Amarillo Multisvc Ctr Fr the Aging Inc
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 3/1/2004

MA Contact: Business Manager

Name: Janet Pancake

Phone: 1-806-374-5516

Extension:

Fax: 1-806-373-9446

Email: jpancake@amaonline.com

Address: 3108 S Fillmore

City: Amarillo

State: TX

Zip: 79110

Last Updated: 7/27/2005

Contract Number: H4518
Legal Entity Name: BIENVIVIR SENIOR HEALTH SERVICES
Organization Marketing Name: Bienivivir Senior Health Services
Parent Organization: Bienivivir Senior Health Services
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2003

MA Contact: Accounting Supervisor

Name: Irene Garcia

Phone: 1-915-562-3444

Extension: 2370

Fax:

Email: ipayan@bienivivir.org

Address: 2300 McKinley

City: El Paso

State: TX

Zip: 79930

Last Updated: 8/11/2005

Contract Number: H4520
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2005

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H4521
Legal Entity Name: VALLEY BAPTIST INSURANCE COMPANY
Organization Marketing Name: Valley Baptist Health Plans
Parent Organization: Valley Baptist Health System
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 6/1/2005

MA Contact: Provider Relations Supervisor
Name: Carlos Rogel
Phone: 1-956-389-2273
Extension:
Fax:
Email: carlos.rogel@valleybaptisthealthplans.com
Address: 2005 Ed Carey Drive

City: Harlingen
State: TX
Zip: 78550

Last Updated: 9/25/2006

Contract Number: H4522
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: MI
Zip: 54701

Last Updated: 8/3/2005

Contract Number: H4523
Legal Entity Name: AETNA HEALTH INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 8/1/2005

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714

City: Oklahoma City
State: OK
Zip: 06156

Last Updated: 4/6/2007

Contract Number: H4524
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 8/1/2005

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714
City: Oklahoma City
State: OK
Zip: 73101
Last Updated: 4/6/2007

Contract Number: H4525
Legal Entity Name: SHA, L.L.C
Organization Marketing Name: FirstCare Advantage
Parent Organization: Baptist St. Anthony's Health System,
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact: Director, Government Programs, Medicare
Name: Laura Gleason
Phone: 1-512-257-6342
Extension:
Fax: 1-512-257-6017
Email: LGleason@FirstCare.com
Address: 12940 North Highway 183
City: Austin
State: TX
Zip: 78750
Last Updated: 3/14/2006

Contract Number: H4527
Legal Entity Name: PSO HEALTH SERVICES, LLC
Organization Marketing Name: PHYSICIANS HEALTH CHOICE
Parent Organization: PSO Health Services, LLC
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 8/1/2005

MA Contact: Vice President of Finance, WellMed
Name: Joe Zimmerman
Phone: 1-210-617-4741
Extension:
Fax:
Email: jzimmerman@wellmed.net
Address: 8637 FREDERICKSBURG RD
STE 360
City: SAN ANTONIO
State: TX
Zip: 78240
Last Updated: 8/11/2006

Contract Number: H4528
Legal Entity Name: ELDER HEALTH TEXAS, INC.
Organization Marketing Name: Bravo by Elder Health
Parent Organization: Elder Health, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact: Associate Vice President of Medicare Systems
Name: Louise McCagg
Phone: 1-410-864-4566
Extension:
Fax: 1-410-864-4467
Email: louise.mccagg@elderhealth.com
Address: 3601 O'Donnell Street
City: Baltimore
State: MD
Zip: 21224
Last Updated: 8/19/2005

Contract Number: H4529
Legal Entity Name: ARCADIAN HEALTH PLAN, INC. Organization Type: Local CCP
Organization Marketing Name: Texas Community Care Plan Type: HMO/HMOPOS
Parent Organization: Arcadian Management Services Inc. Contract Effective Date: 7/1/2005

MA Contact: Vice President Claims
Name: Mae Regalado
Phone: 1-909-971-6703
Extension:
Fax: 1-909-971-6753
Email: mregalado@arcadianhealth.com
Address: 955 Overland Court., Second Floor

City: San Dimas
State: CA
Zip: 91773

Last Updated: 6/8/2007

Contract Number: H4531
Legal Entity Name: HCSC INSURANCE SERVICES COMPANY Organization Type: Local CCP
Organization Marketing Name: HISC - Blue Cross Blue Shield of Texas Plan Type: Local PPO
Parent Organization: Health Care Service Corporation Contract Effective Date: 8/1/2005

MA Contact:
Name: Claims Department
Phone: 1-800-718-2031
Extension:
Fax:
Email: kmyers@tmghealth.com
Address: Blue Medicare PPO
PO Box 3567
City: Scranton
State: PA
Zip: 18503

Last Updated: 4/19/2006

Contract Number: H4556
Legal Entity Name: CONSOLIDATED ASSOC OF RAILROAD EMPLOYEES HC Organization Type: HCPP - 1833 Cost
Organization Marketing Name: Consolidated Assoc Of Railroad Employees Hc Plan Type: HCPP - 1833 Cost
Parent Organization: Consolidated Assoc of Railroad Employees HC Contract Effective Date: 1/1/1992

MA Contact: No contact data submitted
Name:
Phone:
Extension:
Fax:
Email:
Address:

City:
State:
Zip:

Last Updated:

Contract Number: H4564
Legal Entity Name: SCOTT AND WHITE HEALTH PLAN Organization Type: 1876 Cost
Organization Marketing Name: Scott and White Health Plan SeniorCare Plan Type: 1876 Cost
Parent Organization: Scott and White Contract Effective Date: 4/1/1996

MA Contact: Claims Manager
Name: Vernell Labaj
Phone: 1-254-298-3110
Extension:
Fax: 1-254-298-3272
Email: vlabaj@swmail.sw.org
Address: 2401 South 31st Street

City: Temple
State: TX
Zip: 76508

Last Updated: 7/28/2005

Contract Number: H4577
Legal Entity Name: HOMEOWNER'S/WELLCARE PFFS INSURANCE INC. Organization Type: PFFS
Organization Marketing Name: WellCare Plan Type: PFFS
Parent Organization: WellCare Health Plans, Inc. Contract Effective Date: 1/1/2007

MA Contact: Director Pharmacy Operations
Name: Vince Geraci
Phone: 1-813-290-6200
Extension: 6028
Fax:
Email: vince.geraci@wellcare.com
Address: 8735 Henderson Rd Ren 2

City: Tampa
State: FL
Zip: 33634

Last Updated: 4/27/2007

Contract Number: H4590
Legal Entity Name: PACIFICARE OF TEXAS, INC. Organization Type: Local CCP
Organization Marketing Name: SecureHorizons by UnitedHealthcare Plan Type: HMO/HMOPOS
Parent Organization: UHC - Pacificare Contract Effective Date: 11/1/1987

MA Contact: Director, Customer Service Center
Name: Raynee D Andrews
Phone: 1-210-474-5440
Extension:
Fax:
Email: raynee.andrews@phs.com
Address: 6200 Northwest Parkway

City: San Antonio
State: TX
Zip: 78249

Last Updated: 8/2/2005

Contract Number: H4604
Legal Entity Name: UNITEDHEALTHCARE OF UTAH, INC. Organization Type: Local CCP
Organization Marketing Name: SecureHorizons by UnitedHealthcare Plan Type: HMO/HMOPOS
Parent Organization: UHC - Pacificare Contract Effective Date: 1/1/2005

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/3/2005

Contract Number: H4605
Legal Entity Name: REGENCE BLUECROSS BLUESHIELD OF UT Organization Type: Local CCP
Organization Marketing Name: Regence BlueCross BlueShield of Utah Plan Type: Local PPO
Parent Organization: The Regence Group Contract Effective Date: 7/1/2005

MA Contact: Manager, Government Programs Claims Processing
Name: Holly M Moore
Phone: 1-503-587-3274
Extension:
Fax:
Email: HMMoore@regence.com
Address: 201 High Street, SE
PO Box 12625

City: Salem
State: OR
Zip: 97309-0625

Last Updated: 7/27/2005

Contract Number: H4606
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 8/1/2005

MA Contact:

Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H4652
Legal Entity Name: UNION PACIFIC RR EMPLOYES HEALTH SYS
Organization Marketing Name: Union Pacific Railroad Employees Health Systems
Parent Organization: Union Pacific Railroad Employees Health Systems
Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost
Contract Effective Date: 12/1/1993

MA Contact: Director of Claims Processing

Name: Pat Jensen
Phone: 1-801-595-4362
Extension:
Fax: 1-801-595-2062
Email: pjensen@uphealth.com
Address: 795 N 400 W

City: Salt Lake City
State: UT
Zip: 84103

Last Updated: 3/20/2006

Contract Number: H4720
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY OF NEW YORK
Organization Marketing Name: SecureHorizons MedicareDirect
Parent Organization: UHC - Pacificare
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2007

MA Contact:

Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 1/29/2007

Contract Number: H4779
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Erickson Advantage
Parent Organization: UHC - Pacificare
Organization Type: Demo
Plan Type: Continuing Care Retirement Community
Contract Effective Date: 1/1/2007

MA Contact:

Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Dr

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/19/2006

Contract Number: H4906
Legal Entity Name: C and O EMPLOYEES' HOSPITAL ASSOCIATION
Organization Marketing Name: C and O Employees' Hospital Association
Parent Organization: C & O Employees' Hospital Association
Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost
Contract Effective Date: 5/1/1999

MA Contact: Benefits Manager
Name: Anna M Brooks
Phone: 1-540-862-5728
Extension:
Fax: 1-540-862-4958
Email: coeha1@aol.com
Address: 511 Main Street, 2nd Floor

City: Clifton Forge
State: VA
Zip: 24422

Last Updated: 9/15/2005

Contract Number: H4908
Legal Entity Name: OPTIMA HEALTH INSURANCE COMPANY
Organization Marketing Name: Optima Medicare
Parent Organization: Sentara Healthcare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 9/1/2005

MA Contact: Product manager
Name: Bill Nipper
Phone: 1-757-552-7401
Extension:
Fax: 1-757-552-7396
Email: bdnipper@sentara.com
Address: 4417 Corporation Lane

City: Virginia Beach
State: VA
Zip: 23462

Last Updated: 7/27/2005

Contract Number: H4909
Legal Entity Name: ANTHEM HEALTH PLANS OF VIRGINIA, INC.
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Wellpoint, Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact:
Name: Virginia Breeden
Phone: 1-513-336-5301
Extension:
Fax:
Email: virginia.breeden@anthem.com
Address: 4361 Irwin Simpson Road

City: Mason
State: OH
Zip: 45040-9498

Last Updated: 9/15/2006

Contract Number: H4910
Legal Entity Name: AETNA HEALTH INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714

City: Oklahoma City
State: OK
Zip: 73101

Last Updated: 4/6/2007

Contract Number: H4911
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714
City: Oklahoma City
State: OK
Zip: 73101
Last Updated: 4/6/2007

Contract Number: H5005
Legal Entity Name: PACIFICARE OF WASHINGTON, INC.
Organization Marketing Name: AARP MedicareComplete provided by SecureHorizons
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 3/1/1987

MA Contact: Dir, Cust Svc Ctr
Name: Debbie A Salas
Phone: 1-714-226-4720
Extension:
Fax: 1-714-226-4640
Email: debbie.salas@phs.com
Address: 10801 Walker Dr
City: Cypress
State: CA
Zip: 90630
Last Updated: 8/2/2005

Contract Number: H5006
Legal Entity Name: STERLING LIFE INSURANCE COMPANY
Organization Marketing Name: Sterling Life Insurance Company
Parent Organization: Sterling Insurance Group
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 7/1/2000

MA Contact: V.P. Compliance & Regulatory Affairs
Name: Craig Bodway
Phone: 1-360-647-9080
Extension: 29098
Fax: 1-360-647-8632
Email: Craig.Bodway@sterlingplans.com
Address: 2219 Rimland Drive
PO Box 5348
City: Bellingham
State: WA
Zip: 98227-5348
Last Updated: 7/25/2006

Contract Number: H5007
Legal Entity Name: PROVIDENCE HEALTH SYSTEM
Organization Marketing Name: Providence Health System
Parent Organization: Providence Health System
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2002

MA Contact: Administrative Services Manager
Name: Kathy Mellecker
Phone: 1-206-320-5325
Extension:
Fax: 1-206-760-6339
Email: kathy.mellecker@providence.org
Address: 4515 Martin Luther King Jr. Way S. Ste. 100
City: Seattle
State: WA
Zip: 98108
Last Updated: 5/24/2007

Contract Number: H5008
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« Health Plans
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/19/2006

Contract Number: H5009
Legal Entity Name: REGENCE BLUESHIELD
Organization Marketing Name: Regence BlueShield
Parent Organization: The Regence Group
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact: Manager, Government Programs Claims Processing
Name: Holly M Moore
Phone: 1-503-587-3274
Extension:
Fax:
Email: hm Moore@regence.com
Address: 201 High Street, SE
PO Box 12625
City: Salem
State: OR
Zip: 97309-0625

Last Updated: 7/27/2005

Contract Number: H5010
Legal Entity Name: ASURIS NORTHWEST HEALTH
Organization Marketing Name: Asuris Northwest Health
Parent Organization: The Regence Group
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact: Manager, Government Programs Claims Processing
Name: Holly M Moore
Phone: 1-503-587-3274
Extension:
Fax:
Email: hm Moore@regence.com
Address: 201 High Street, SE
PO Box 12625
City: Salem
State: OR
Zip: 97309-0625

Last Updated: 7/27/2005

Contract Number: H5050
Legal Entity Name: GROUP HEALTH COOPERATIVE
Organization Marketing Name: Group Health Cooperative
Parent Organization: Group Health Cooperative
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/1989

MA Contact: Medicare Programs & Compliance Consultant
Name: Lyra Hardy
Phone: 1-206-448-6759
Extension:
Fax: 1-206-448-2799
Email: hardy.l@ghc.org
Address: Group Health Cooperative
521 Wall Street
City: Seattle
State: WA
Zip: 98121

Last Updated: 6/15/2007

Contract Number: H5102
Legal Entity Name: HEALTH PLAN OF THE UPPER OHIO VALLEY
Organization Marketing Name: The Health Plan
Parent Organization: Hometown Health
Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 2/1/1983

MA Contact: VP, Operations
Name: Patti Fast
Phone: 1-740-695-7605
Extension:
Fax: 1-740-695-8103
Email: pfast@healthplan.org
Address: The Health Plan
52160 National Road East
City: St. Clairsville
State: OH
Zip: 43950
Last Updated: 9/14/2005

Contract Number: H5106
Legal Entity Name: HIGHMARK HEALTH INSURANCE COMPANY
Organization Marketing Name: Highmark Health Insurance Company
Parent Organization: Highmark Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact: Director, Claims Administration and Analysis
Name: J. Mark Hoover
Phone: 1-412-544-7075
Extension:
Fax: 1-412-544-5677
Email: jmark.hoover@highmark.com
Address: 120 Fifth Avenue
Suite 1835
City: Pittsburgh
State: PA
Zip: 15222-3099
Last Updated: 2/28/2007

Contract Number: H5151
Legal Entity Name: HEALTH PLAN OF THE UPPER OHIO VALLEY
Organization Marketing Name: The Health Plan
Parent Organization: Hometown Health
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 2/1/1999

MA Contact: Vice-President, Operations
Name: Patti Fast
Phone: 1-740-695-7605
Extension:
Fax: 1-740-695-8103
Email: pfast@healthplan.org
Address: The Health Plan
52160 National Road East
City: St. Clairsville
State: OH
Zip: 43950
Last Updated: 2/28/2007

Contract Number: H5204
Legal Entity Name: HEALTH PLAN FOR COMMUNITY LIVING, INC.
Organization Marketing Name: Health Plan for Community Living
Parent Organization: Community Living Alliance
Organization Type: Demo
Plan Type: WI Partnership Program
Contract Effective Date: 1/1/1999

MA Contact: Claims Manager
Name: Michelle J Osgood
Phone: 1-608-242-8335
Extension: 1363
Fax: 1-608-240-7060
Email: osgoodm@clanet.org
Address: 1414 MacArthur Road
PO Box 8028
City: Madison
State: WI
Zip: 53708-8028
Last Updated: 7/26/2005

Contract Number: H5206
Legal Entity Name: PARTNERSHIP HEALTH PLAN, INC. Organization Type: Demo
Organization Marketing Name: Community Health Partnership Plan Type: WI Partnership Program
Parent Organization: Community Health Partnership, Inc. Contract Effective Date: 1/1/1999

MA Contact: Customer Service Coordinator
Name: Judy Cornell
Phone: 1-715-858-7815
Extension:
Fax:
Email: jcornell@chpmail.net
Address: 2240 EastRidge Center

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 12/29/2006

Contract Number: H5207
Legal Entity Name: COMMUNITY CARE HEALTH PLAN, INC Organization Type: Demo
Organization Marketing Name: Community Care Plan Type: WI Partnership Program
Parent Organization: Community Care Organization, Inc. Contract Effective Date: 1/1/1999

MA Contact: Controller
Name: Lori Janny
Phone: 1-414-902-2427
Extension:
Fax: 1-414-385-6615
Email: lori.janny@communitycareinc.org
Address: 1555 S. Layton Blvd.

City: Milwaukee
State: WI
Zip: 53215

Last Updated: 5/4/2007

Contract Number: H5209
Legal Entity Name: ELDER CARE HEALTH PLAN, INC. Organization Type: Demo
Organization Marketing Name: Elder Care Health Plan, Inc. Plan Type: WI Partnership Program
Parent Organization: Elder Care of Wisconsin Contract Effective Date: 1/1/1999

MA Contact: Claims Specialist
Name: Ann Hansen
Phone: 1-608-245-3437
Extension:
Fax: 1-608-241-5195
Email: hansena@elderc.org
Address: 2802 International Lane

City: Madison
State: WI
Zip: 53704

Last Updated: 9/19/2006

Contract Number: H5211
Legal Entity Name: SECURITY HEALTH PLAN OF WISCONSIN, INC Organization Type: Local CCP
Organization Marketing Name: Security Health Plan Of Wisconsin, Inc Plan Type: HMO/HMOPOS
Parent Organization: Marshfield Clinic. Contract Effective Date: 8/1/2002

MA Contact: Claims Medicare Manager
Name: Barbara Hack
Phone: 1-715-221-9763
Extension:
Fax: 1-715-221-9500
Email: hack.barbara@marshfieldclinic.org
Address: 1515 Saint Joseph Avenue

City: Marshfield
State: WI
Zip: 54449

Last Updated: 8/31/2005

Contract Number: H5212
Legal Entity Name: COMMUNITY CARE, INC. Organization Type: National PACE
Organization Marketing Name: Community Care Plan Type: National PACE
Parent Organization: Community Care Organization, Inc. Contract Effective Date: 11/1/2003

MA Contact: Controller
Name: Lori Janny
Phone: 1-414-902-2427
Extension:
Fax: 1-414-385-6615
Email: lori.janny@communitycareinc.org
Address: 1555 S. Layton Blvd.

City: Milwaukee
State: WI
Zip: 53215

Last Updated: 5/4/2007

Contract Number: H5213
Legal Entity Name: TOTAL COMMUNITY CARE, L.L.C. Organization Type: National PACE
Organization Marketing Name: Total Community Care Plan Type: National PACE
Parent Organization: Total Community Care, LLC Contract Effective Date: 6/1/2004

MA Contact: Controller
Name: Lori Janny
Phone: 1-414-902-2427
Extension:
Fax: 1-414-385-6615
Email: lori.janny@communitycareinc.org
Address: 1555 S. Layton Blvd.

City: Milwaukee
State: WI
Zip: 53215

Last Updated: 5/4/2007

Contract Number: H5214
Legal Entity Name: HUMANA INSURANCE COMPANY Organization Type: Local CCP
Organization Marketing Name: Humana Insurance Company Plan Type: Local PPO
Parent Organization: Humana Inc. Contract Effective Date: 1/1/2005

MA Contact:
Name: Pam Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 1/29/2006

Contract Number: H5215
Legal Entity Name: NETWORK HEALTH INSURANCE CORPORATION Organization Type: Local CCP
Organization Marketing Name: Network PlatinumPlus Plan Type: Local PPO
Parent Organization: Affinity Health System Contract Effective Date: 1/1/2005

MA Contact: Claims Coding Specialist
Name: Barb Wisneski
Phone: 1-920-720-1540
Extension:
Fax:
Email: bwisneski@networkhealth.com
Address: 1570 Midway Place

City: Menasha
State: WI
Zip: 54952

Last Updated: 4/10/2007

Contract Number: H5216
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 2/14/2006

Contract Number: H5227
Legal Entity Name: COVENTRY HEALTH AND LIFE INSURANCE COMPANY
Organization Marketing Name: Advantra« Freedom
Parent Organization: Coventry Health Care Inc.
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2007

MA Contact: Director Service Organization
Name: Meg Knight
Phone: 1-800-713-5095
Extension:
Fax:
Email: mknight@cvty.com
Address: Advantra Freedom/Coventry Health Care, Inc
PO Box 7154
City: London
State: KY
Zip: 40742

Last Updated: 3/27/2007

Contract Number: H5253
Legal Entity Name: UNITED HEALTHCARE OF WISCONSIN, INC
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 8/1/1995

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/4/2005

Contract Number: H5256
Legal Entity Name: MEDICAL ASSOCIATES CLINIC HEALTH PLAN
Organization Marketing Name: Medical Associates Clinic Health Plan of Wisconsin
Parent Organization: Medical Associates Clinic
Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 2/1/1996

MA Contact: Claims Manager
Name: Dan Waldbillig
Phone: 1-563-584-4895
Extension:
Fax: 1-563-556-5134
Email: dwaldbillig@mahealthcare.com
Address: 1605 Associates Drive, Suite 101
P.O. Box 5002
City: Dubuque
State: IA
Zip: 52001

Last Updated: 6/20/2006

Contract Number: H5262
Legal Entity Name: GUNDERSEN LUTHERAN HEALTH PLAN
Organization Marketing Name: Gunderson Lutheran Health Plan, Inc.
Parent Organization: Gunderson Lutheran, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 8/1/1999

MA Contact: Manager of Claims and Customer Service

Name: Ann Kiel
Phone: 1-608-775-8070
Extension:
Fax: 1-608-775-8091
Email: aekiel@gundluth.org
Address: 1900 South Avenue
Mail Stop NCA2-01
City: La Crosse
State: WI
Zip: 54601

Last Updated: 12/12/2006

Contract Number: H5264
Legal Entity Name: DEAN HEALTH PLAN, INC.
Organization Marketing Name: Dean Health Plan, Inc.
Parent Organization: Dean Health Systems Inc.
Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 1/1/1999

MA Contact:

Name: Charles Henderson
Phone: 1-608-827-4247
Extension:
Fax:
Email: charles.henderson@deancare.com
Address: 1277 Deming Way

City: Madison
State: WI
Zip: 53717

Last Updated: 9/18/2006

Contract Number: H5301
Legal Entity Name: PENNSYLVANIA LIFE INSURANCE COMPANY
Organization Marketing Name: Fresenius Medical Care Health Plan
Parent Organization: Universal American Financial Corporation
Organization Type: Demo
Plan Type: ESRD I - PFFS
Contract Effective Date: 1/1/2007

MA Contact: Director, Claims

Name: Darian Newman
Phone: 1-713-273-8633
Extension:
Fax: 1-713-952-7819
Email: dnewman@hhsi.com
Address: 4888 Loop Central Drive
Suite 700
City: Houston
State: TX
Zip: 77081

Last Updated: 2/12/2007

Contract Number: H5302
Legal Entity Name: COVENTRY HEALTH CARE OF GEORGIA, INC.
Organization Marketing Name: Advantra
Parent Organization: Coventry Health Care Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Medicare Compliance Manager

Name: Max Parsons
Phone: 1-301-581-5756
Extension:
Fax:
Email: mparsons@cvty.com
Address: 6705 Rockledge Dr
Ste 900
City: Bethesda
State: MD
Zip: 20817

Last Updated: 6/1/2007

Contract Number: H5304
Legal Entity Name: EMPIRE HEALTHCHOICE ASSURANCE, INC.
Organization Marketing Name: Empire BlueCross BlueShield
Parent Organization: Wellpoint, Inc.
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2007

MA Contact:

Name: Virginia Breeden
Phone: 1-513-336-5301
Extension:
Fax:
Email: virginia.breeden@anthem.com
Address: 4361 Inwin Simpson Road

City: Mason
State: OH
Zip: 45040-9498

Last Updated: 9/15/2006

Contract Number: H5402
Legal Entity Name: QUALITY HEALTH PLANS, INC.
Organization Marketing Name: Quality Health Plans, Inc.
Parent Organization: Quality Health Plans, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2003

MA Contact:

Name: Sabiha Khan
Phone: 1-727-945-8400
Extension: 102
Fax: 1-727-945-8434
Email: skhan@qualityhealthplans.com
Address: 2435 US Hwy 19
Suite 470

City: Holiday
State: FL
Zip: 34691

Last Updated: 8/15/2005

Contract Number: H5403
Legal Entity Name: ON LOK SENIORHEALTH
Organization Marketing Name: On Lok SeniorHealth
Parent Organization: On Lok SeniorHealth
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2003

MA Contact: Fiscal Officer

Name: Ken Choi
Phone: 1-415-292-8725
Extension:
Fax: 1-415-292-8745
Email: kenn@onlok.org
Address: 1333 Bush Street

City: San Francisco
State: CA
Zip: 94109

Last Updated: 8/2/2005

Contract Number: H5404
Legal Entity Name: UNIVERSAL HEALTH CARE, INC.
Organization Marketing Name: Universal Health Care, Inc.
Parent Organization: Universal Health Care Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2003

MA Contact: System Analyst

Name: Himanshu Desai
Phone: 1-866-690-4842
Extension: 6510
Fax: 1-727-822-3556
Email: hdesai@univhc.com
Address: Universal Health Care, Inc.
150 2nd Avenue North, Ste #400

City: Saint Petersburg
State: FL
Zip: 33701

Last Updated: 5/13/2006

Contract Number: H5405
Legal Entity Name: CENTER FOR ELDERS INDEPENDENCE
Organization Marketing Name: Center For Elders Independence
Parent Organization: Center For Elders Independence
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2003

MA Contact: Dir. IT
Name: Bryce Morrison
Phone: 1-510-433-1150
Extension: 8025
Fax: 1-510-452-8836
Email: bmorrison@cei.elders.org
Address: 510-17th St., Suite 400

City: Oakland
State: CA
Zip: 94612

Last Updated: 1/9/2007

Contract Number: H5406
Legal Entity Name: SUTTER HEALTH SACRAMENTO SIERRA REGION
Organization Marketing Name: Sutter SeniorCare
Parent Organization: Sutter Health Sacramento Sierra Region
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 11/1/2003

MA Contact: Director
Name: William Clearwater
Phone: 1-916-424-8412
Extension: 13404
Fax: 1-916-491-3484
Email: ClearwW@sutterhealth.org
Address: 7000 Franklin Blvd., Suite 1020

City: Sacramento
State: CA
Zip: 95823

Last Updated: 5/30/2007

Contract Number: H5407
Legal Entity Name: CITRUS HEALTH CARE, INC.
Organization Marketing Name: Citrus Health Care, Inc.
Parent Organization: Citrus Health Care, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 6/1/2004

MA Contact: Claims Director
Name: Maureen Lach
Phone: 1-813-490-8900
Extension: 8953
Fax:
Email: mlach@citrushc.com
Address: 5420 Bay Center Drive
Suite 250

City: Tampa
State: FL
Zip: 33609

Last Updated: 6/3/2005

Contract Number: H5410
Legal Entity Name: LEON MEDICAL CENTERS HEALTH PLANS, INC
Organization Marketing Name: Leon Medical Centers Health, Inc.
Parent Organization: Leon Medical Centers Health Plans, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 5/1/2005

MA Contact: VP of Claims
Name: Luis Fernandez
Phone: 1-305-631-5337
Extension:
Fax: 1-305-553-7227
Email: luisfernandez@leonmedicalcenters.com
Address: 11501 SW 40th Street

City: Miami
State: FL
Zip: 33165

Last Updated: 7/27/2005

Contract Number: H5414
Legal Entity Name: AETNA HEALTH INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2005

MA Contact: Product Head
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714
City: Oklahoma City
State: OK
Zip: 73101
Last Updated: 4/6/2007

Contract Number: H5415
Legal Entity Name: HUMANA HEALTH INSURANCE COMPANY OF FL, INC.
Organization Marketing Name: Humana Health Insurance Company Of Fl, Inc.
Parent Organization: Humana Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2005

MA Contact:
Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202
Last Updated: 2/14/2006

Contract Number: H5416
Legal Entity Name: ARCADIAN HEALTH PLAN
Organization Marketing Name: Spokane Community Care
Parent Organization: Arcadian Management Services Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2005

MA Contact: Vice President of Claims
Name: Mae Regalado
Phone: 1-909-971-6703
Extension:
Fax: 1-909-971-6753
Email: mregalado@arcadianhealth.com
Address: 955 Overland Court., Second Floor

City: San Dimas
State: CA
Zip: 91773
Last Updated: 6/11/2007

Contract Number: H5417
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2005

MA Contact: Director of Operations
Name: Leslie L Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000
City: Eau Claire
State: WI
Zip: 54701
Last Updated: 4/17/2006

Contract Number: H5419
Legal Entity Name: BLUE CROSS OF CALIFORNIA
Organization Marketing Name: Blue Cross Of California
Parent Organization: Wellpoint, Inc.
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 2/1/2005

MA Contact: Manager II, Customer Care Multi
Name: Debra Kaiser
Phone: 1-920-923-8339
Extension:
Fax:
Email: debra.kaiser@wellpoint.com
Address: 145 S. Pioneer Blvd
Mail Stop WIW201-FDL
City: Fon Du Lac
State: WI
Zip: 54935
Last Updated: 4/29/2006

Contract Number: H5420
Legal Entity Name: MEDICA HEALTHCARE PLANS, INC.
Organization Marketing Name: Medica HealthCare Plans, Inc.
Parent Organization: Medica HealthCare Plans, Inc.
Organization Type: Local CCP
Plan Type: PSO (State License)
Contract Effective Date: 6/1/2005

MA Contact: Compliance Officer
Name: Matthew Cruse
Phone: 1-305-460-0618
Extension:
Fax: 1-305-476-0021
Email: mcruse@medicapplans.com
Address: 4000 Ponce De Leon Blvd.
Suite 650
City: Coral Gables
State: FL
Zip: 33146
Last Updated: 9/15/2005

Contract Number: H5421
Legal Entity Name: PYRAMID LIFE INSURANCE COMPANY
Organization Marketing Name: Today's Option
Parent Organization: Universal American Financial Corporation
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 8/1/2005

MA Contact: Director, Claims
Name: Darian Newman
Phone: 1-713-273-8633
Extension:
Fax: 1-713-952-7819
Email: dneuman@hhsi.com
Address: 4888 Loop Central Drive
Suite 700
City: Houston
State: TX
Zip: 77081
Last Updated: 2/12/2007

Contract Number: H5422
Legal Entity Name: BLUE CROSS BLUE SHIELD OF GEORGIA
Organization Marketing Name: Blue Cross Blue Shield Healthcare Plan of Georgia
Parent Organization: Wellpoint, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Manager II, Customer Care Multi
Name: Debra Kaiser
Phone: 1-920-923-8339
Extension:
Fax:
Email: debra.kaiser@wellpoint.com
Address: 145 S. Pioneer Blvd,
Mail Stop WIW201-FDL
City: Newbury Park
State: WI
Zip: 54935
Last Updated: 2/22/2007

Contract Number: H5424
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 6/1/2005

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/4/2005

Contract Number: H5425
Legal Entity Name: SCAN HEALTH PLAN
Organization Marketing Name: SCAN Health Plan
Parent Organization: SCAN Health Plan, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 5/1/2005

MA Contact: Vice President, Claims
Name: Allen Freymuth
Phone: 1-562-989-5100
Extension:
Fax: 1-562-989-5215
Email: afreymuth@scanhealthplan.com
Address: 3800 Kilroy Airport Way
Suite 100

City: Long Beach
State: CA
Zip: 90806

Last Updated: 5/25/2007

Contract Number: H5426
Legal Entity Name: METCARE HEALTH PLANS, INC.
Organization Marketing Name: AdvantageCare
Parent Organization: Metropolitan Health Networks, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact: VP of Finance
Name: Alejandro Alonso
Phone: 1-561-805-8500
Extension:
Fax: 1-561-805-8501
Email: aalonso@metcare.com
Address: 250 South Australian Avenue, Suite 400

City: West Palm Beach
State: FL
Zip: 33401

Last Updated: 7/26/2005

Contract Number: H5427
Legal Entity Name: FREEDOM HEALTH PLAN, INC.
Organization Marketing Name: Freedom Health, Inc.
Parent Organization: Freedom Health, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 9/1/2005

MA Contact: Manager, Claims
Name: Jamie Cox
Phone: 1-727-471-2100
Extension:
Fax: 1-727-471-2108
Email: ops@freedomh.com
Address: 5501 49th Street N

City: St. Petersburg
State: FL
Zip: 33709

Last Updated: 5/11/2006

Contract Number: H5428
Legal Entity Name: SAN MATEO HEALTH COMMISSION
Organization Marketing Name: Health Plan of San Mateo
Parent Organization: Health Plan of San Mateo
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 9/1/2005

MA Contact: Director of Finance and Administrative Services

Name: Ron Robinson

Phone: 1-650-616-2118

Extension:

Fax:

Email: CMSClaims@hpsm.org

Address: 701 Gateway Blvd, Ste 400

City: South San Francisco

State: CA

Zip: 94080

Last Updated: 4/12/2007

Contract Number: H5429
Legal Entity Name: UNIVERSAL HEALTH CARE, INC.
Organization Marketing Name: Universal Health Care, Inc.
Parent Organization: Universal Health Care Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 9/1/2005

MA Contact: System Analyst

Name: Himanshu A Desai

Phone: 1-866-690-4842

Extension: 6510

Fax: 1-727-822-3556

Email: hdesai@univhc.com

Address: Universal Health Care, Inc.
150 2nd Avenue North, Ste #400

City: Saint Petersburg

State: FL

Zip: 33701

Last Updated: 5/13/2006

Contract Number: H5430
Legal Entity Name: CARE1ST HEALTH PLAN OF ARIZONA
Organization Marketing Name: ONECare by Care1st Health Plan Of Arizona
Parent Organization: Care1st Health Plan
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 9/1/2005

MA Contact: Director of Medicare

Name: Tida M Garcia

Phone: 1-602-778-1850

Extension: 1815

Fax:

Email: tgarcia@care1st.com

Address: 2355 E. Camelback Rd., Ste 300

City: Phoenix

State: AZ

Zip: 85016

Last Updated: 12/28/2006

Contract Number: H5431
Legal Entity Name: HEALTHSUN HEALTH PLANS, INC.
Organization Marketing Name: HealthSun Health Plans, Inc.
Parent Organization: HealthSun Health Plans, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 8/1/2005

MA Contact: Claims and Finance Manager

Name: Alexis Pecuch

Phone: 1-305-234-9292

Extension:

Fax: 1-305-444-9148

Email: cms_claims-providers@healthsun.com

Address: 1205 SW 37th Avenue

City: Miami

State: FL

Zip: 33135

Last Updated: 4/17/2007

Contract Number: H5433
Legal Entity Name: ORANGE COUNTY HEALTH AUTHORITY
Organization Marketing Name: OneCare
Parent Organization: CalOptima
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 8/1/2005

MA Contact: Claims Director
Name: Marsha Buford
Phone: 1-714-246-8432
Extension:
Fax:
Email: mbuford@caloptima.org
Address: 1120 W. La Veta Avenue

City: Orange
State: CA
Zip: 92868

Last Updated: 1/11/2007

Contract Number: H5434
Legal Entity Name: BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.
Organization Marketing Name: Blue Cross and Blue Shield of Florida, Inc.
Parent Organization: Blue Cross and Blue Shield of Florida
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 8/1/2005

MA Contact:
Name: CSR Customer Service Ops
Phone: 1-800-926-6565
Extension:
Fax:
Email: support@bcbsfl.com
Address: 8400 NW 33rd St
Suite 100

City: Miami
State: FL
Zip: 33122-1932

Last Updated: 3/5/2007

Contract Number: H5435
Legal Entity Name: PACIFICARE LIFE AND HEALTH INSURANCE COMPANY
Organization Marketing Name: SecureHorizons MedicareDirect
Parent Organization: UHC - Pacificare
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 9/1/2005

MA Contact:
Name: Lee Lee
Phone: 1-714-825-2057
Extension: 52057
Fax: 1-714-825-5870
Email: charles.lee@phs.com
Address: 3100 Lake Center Dr
M/S LC03-377

City: Santa Ana
State: CA
Zip: 92704

Last Updated: 4/10/2006

Contract Number: H5436
Legal Entity Name: AVMED, INC.
Organization Marketing Name: AvMed Medicare Preferred PPO
Parent Organization: AvMed Health Plans
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 7/1/2005

MA Contact: Director, Claims Operations
Name: Helen Creech
Phone: 1-352-337-8833
Extension:
Fax: 1-352-337-8820
Email: Helen.creech@avmed.org
Address: AvMed Health Plans
4300 NW 89 Blvd.

City: Gainesville
State: FL
Zip: 32606

Last Updated: 7/25/2006

Contract Number: H5437
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 8/1/2005

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714
City: Oklahoma City
State: OK
Zip: 73101
Last Updated: 4/6/2007

Contract Number: H5439
Legal Entity Name: HEALTH NET LIFE INSURANCE COMPANY
Organization Marketing Name: Health Net Life Insurance Company
Parent Organization: Health Net, Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 9/1/2005

MA Contact: Lead, Customer Service Representative
Name: Joseph A Varga
Phone: 1-818-676-6591
Extension:
Fax: 1-818-676-8100
Email: joseph.a.varga@healthnet.com
Address: Health Net Claims Department
P.O. Box 14703
City: Lexington
State: KY
Zip: 40512
Last Updated: 4/23/2007

Contract Number: H5440
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« Health Plans
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 7/1/2005

MA Contact: Director of Operations
Name: Leslie L Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000
City: Eau Claire
State: WI
Zip: 54701
Last Updated: 4/17/2006

Contract Number: H5485
Legal Entity Name: MCKINLEY LIFE INSURANCE COMPANY
Organization Marketing Name: PrimeTime Health Plan
Parent Organization: McKinley Life Insurance Company
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2007

MA Contact: Member Services/Claims Coordinator
Name: Robert James
Phone: 1-800-577-5084
Extension:
Fax: 1-330-580-6764
Email: rjames@aultman.com
Address: 214 Dartmouth Avenue SW

City: Canton
State: OH
Zip: 44710
Last Updated: 8/28/2006

Contract Number: H5501
Legal Entity Name: TENET CHOICES, INC. / PEOPLES HEALTH NETWORK
Organization Marketing Name: Peoples Health
Parent Organization: Tenet Healthcare Corporation
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2006

MA Contact: Claims Manager
Name: Susan Thibodeaux
Phone: 1-504-849-4500
Extension: 8680
Fax: 1-504-849-6973
Email: susan.thibodeaux@peopleshealth.com
Address: Three Lakeway Center
3838 N Causeway Blvd, Suite 2200
City: Metairie
State: LA
Zip: 70002
Last Updated: 2/22/2007

Contract Number: H5507
Legal Entity Name: UNITED HEALTHCARE INS. COMPANY, INC.
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2006

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive
City: Eau Claire
State: WI
Zip: 54701
Last Updated: 8/4/2005

Contract Number: H5508
Legal Entity Name: ADVANTAGE HEALTH SOLUTIONS, INC.
Organization Marketing Name: Advantage Health Solutions, Inc.
Parent Organization: Advantage Health Solutions
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2006

MA Contact: Medicare Program Director
Name: Danielle Jaber
Phone: 1-317-573-2784
Extension:
Fax: 1-317-573-6218
Email: djaber@advantageplan.com
Address: 9490 Priority Way West Drive
City: Indianapolis
State: IN
Zip: 46240
Last Updated: 6/6/2007

Contract Number: H5509
Legal Entity Name: COVENTRY HEALTH AND LIFE INS. COMPANY
Organization Marketing Name: Coventry Health And Life Ins. Company
Parent Organization: Coventry Health Care Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2006

MA Contact: Manager, Medicare Compliance
Name: Gail D Howard-King
Phone: 1-816-460-4003
Extension:
Fax: 1-816-460-4429
Email: gdhking@cvty.com
Address: 8320 Ward Parkway
City: Kansas City
State: MO
Zip: 64114
Last Updated: 7/27/2005

Contract Number: H5510
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2006

MA Contact: Head of Regulatory Mgmt & Claims Services

Name: Rhonda Arvin

Phone: 1-405-794-7040

Extension:

Fax: 1-860-262-9642

Email: ArvinRG@aetna.com

Address: 3030 Northwest Expressway
MS F714

City: Oklahoma City

State: OK

Zip: 73101

Last Updated: 4/6/2007

Contract Number: H5512
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2006

MA Contact: Head of Regulatory Mgmt & Claims Services

Name: Rhonda Arvin

Phone: 1-405-794-7040

Extension:

Fax: 1-860-262-9642

Email: ArvinRG@aetna.com

Address: 3030 Northwest Expressway
MS F714

City: Oklahoma City

State: OK

Zip: 73101

Last Updated: 4/6/2007

Contract Number: H5516
Legal Entity Name: UNITED HEALTHCARE INS. COMPANY, INC.
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2006

MA Contact:

Name: Leslie Sheldon

Phone: 1-715-858-2295

Extension:

Fax:

Email: leslie_k_sheldon@uhc.com

Address: 2725 Mall Drive

City: Eau Claire

State: WI

Zip: 54701

Last Updated: 8/4/2005

Contract Number: H5517
Legal Entity Name: COVENTRY HEALTH AND LIFE INS. COMPANY
Organization Marketing Name: Carelink Advantra PPO
Parent Organization: Coventry Health Care Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2006

MA Contact: Manager Government Programs, Medicare

Name: Barbara Sellman

Phone: 1-412-577-5442

Extension:

Fax: 1-412-577-4360

Email: besellman@cvty.com

Address: 11 Stanwix Street

City: Pittsburgh

State: PA

Zip: 15222

Last Updated: 7/27/2005

Contract Number: H5520
Legal Entity Name: HEALTH NET LIFE INSURANCE COMPANY
Organization Marketing Name: Health Net Medicare Advantage
Parent Organization: Health Net, Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2006

MA Contact: Manager, Customer Service
Name: Elizabeth Heath
Phone: 1-503-213-5183
Extension:
Fax: 1-503-213-5788
Email: elizabeth.x.heath@healthnet.com
Address: Health Net Medicare Advantage
P.O. Box 14130
City: Lexington
State: KY
Zip: 40512
Last Updated: 4/23/2007

Contract Number: H5521
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2006

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714
City: Oklahoma City
State: OK
Zip: 08512
Last Updated: 4/6/2007

Contract Number: H5522
Legal Entity Name: HEALTH ASSURANCE PENNSYLVANIA, INC.
Organization Marketing Name: Advantra PPO
Parent Organization: Coventry Health Care Inc.
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2006

MA Contact: Medicare Compliance Manager, HAPA, Carelink
Name: Barbara Sellman
Phone: 1-800-470-4272
Extension:
Fax: 1-412-577-5416
Email: besellman@cvty.com
Address: 11 Stanwix Street
Suite 2300
City: Pittsburgh
State: PA
Zip: 15222
Last Updated: 7/27/2005

Contract Number: H5523
Legal Entity Name: CARITEN INSURANCE COMPANY
Organization Marketing Name: Cariten Senior Health (PPO)
Parent Organization: Covenant Health & Mountain States Health Alliance
Organization Type: Local CCP
Plan Type: Local PPO
Contract Effective Date: 1/1/2006

MA Contact: Regulatory Specialist
Name: Julie A Sellers
Phone: 1-865-670-7214
Extension:
Fax: 1-865-670-7290
Email: jaseller@covhth.com
Address: 1420 Centerpoint Blvd.
City: Knoxville
State: TN
Zip: 37932
Last Updated: 3/23/2006

Contract Number: H5525
Legal Entity Name: OSF HEALTHPLANS, INC. Organization Type: Local CCP
Organization Marketing Name: OSF Care Preferred Plan Type: Local PPO
Parent Organization: OSF Saint Francis, Inc. Contract Effective Date: 1/1/2006

MA Contact: Medicare
Name: Claims Department
Phone: 1-309-677-8203
Extension:
Fax: 1-309-677-8354
Email: member@osfhealthcare.org
Address: 7915 N. Hale Ave., Ste D

City: Peoria
State: IL
Zip: 61615

Last Updated: 9/14/2005

Contract Number: H5526
Legal Entity Name: HEALTHNOW NEW YORK INC. Organization Type: Local CCP
Organization Marketing Name: Traditional Blue Medicare PPO Plan Type: Local PPO
Parent Organization: HealthNow New York Inc. Contract Effective Date: 1/1/2006

MA Contact: Director, CSCO
Name: Denise Blattenberger
Phone: 1-716-887-2069
Extension:
Fax: 1-716-887-7022
Email: Blattenberger.Denise@HealthNow.org
Address: 1901 Main Street
PO Box 80

City: Buffalo
State: NY
Zip: 14240

Last Updated: 9/28/2006

Contract Number: H5528
Legal Entity Name: GROUP HEALTH INCORPORATED Organization Type: Local CCP
Organization Marketing Name: GHI Medicare Choice PPO Plan Type: Local PPO
Parent Organization: Group Health Incorporated (GHI) Contract Effective Date: 1/1/2006

MA Contact:
Name: John Lamb
Phone: 1-845-340-2613
Extension:
Fax:
Email: jlamb@ghi.com
Address: 789 Grant Ave.

City: Lake Katrine
State: NY
Zip: 12449

Last Updated: 8/2/2006

Contract Number: H5529
Legal Entity Name: COMMUNITY INSURANCE COMPANY Organization Type: Local CCP
Organization Marketing Name: Anthem Blue Cross and Blue Shield Plan Type: Local PPO
Parent Organization: Wellpoint, Inc. Contract Effective Date: 1/1/2006

MA Contact: Program Manager
Name: Virginia Breeden
Phone: 1-513-336-5301
Extension:
Fax: 1-513-336-3654
Email: virginia.breeden@anthem.com
Address: 4361 Irwin Simpson Road
Mailstop OH0102-C535

City: Mason
State: OH
Zip: 45040-9498

Last Updated: 2/27/2007

Contract Number: H5530
Legal Entity Name: ANTHEM HEALTH PLANS OF KENTUCKY, INC. Organization Type: Local CCP
Organization Marketing Name: Anthem Blue Cross and Blue Shield Plan Type: Local PPO
Parent Organization: Wellpoint, Inc. Contract Effective Date: 1/1/2006

MA Contact: Program Manager
Name: Virginia Breeden
Phone: 1-513-336-5301
Extension:
Fax: 1-513-336-3654
Email: virginia.breeden@anthem.com
Address: 4361 Irwin Simpson Road
Mailstop OH0102-C535
City: Mason
State: OH
Zip: 45040-9498
Last Updated: 2/28/2007

Contract Number: H5531
Legal Entity Name: AETNA LIFE INSURANCE COMPANY Organization Type: Local CCP
Organization Marketing Name: Aetna Medicare Plan Type: Local PPO
Parent Organization: Aetna Inc. Contract Effective Date: 1/1/2006

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714
City: Oklahoma City
State: OK
Zip: 73101
Last Updated: 4/6/2007

Contract Number: H5532
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY Organization Type: Local CCP
Organization Marketing Name: SecureHorizons by UnitedHealthcare Plan Type: Local PPO
Parent Organization: UHC - Pacificare Contract Effective Date: 1/1/2006

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701
Last Updated: 8/4/2005

Contract Number: H5533
Legal Entity Name: UPMC HEALTH NETWORK Organization Type: Local CCP
Organization Marketing Name: UPMC Health Plan Plan Type: Local PPO
Parent Organization: University of Pittsburgh Medical Center Contract Effective Date: 1/1/2006

MA Contact: Manager, Medicare Operations
Name: John Cain
Phone: 1-412-454-5539
Extension:
Fax: 1-412-454-7711
Email: cainjo@upmc.edu
Address: 112 Washington Place Suite 800

City: Pittsburgh
State: PA
Zip: 15219
Last Updated: 8/5/2005

Contract Number: H5539
Legal Entity Name: MARYLAND CARE - MEDICARE, INC.
Organization Marketing Name: Golden Advantage Plus
Parent Organization: MARYLAND CARE INC.
Organization Type: Local CCP
Plan Type: PSO (State License)
Contract Effective Date: 1/1/2007

MA Contact: Director of Claims Operation
Name: Leo Maes
Phone: 1-602-659-1862
Extension:
Fax:
Email: leo.maes@schalleranderson.com
Address: 4645 E Cotton Center Blvd

City: Phoenix
State: AZ
Zip: 85040

Last Updated: 5/18/2006

Contract Number: H5549
Legal Entity Name: VNS CHOICE
Organization Marketing Name: VNS CHOICE Select
Parent Organization: Visiting Nurse Service of New York
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact:
Name: Alberto Miraz
Phone: 1-212-609-5621
Extension:
Fax:
Email: amiraz@vnsny.org
Address: 1250 Broadway
11th Floor

City: New York
State: NY
Zip: 10001

Last Updated: 5/9/2006

Contract Number: H5554
Legal Entity Name: SANTA CLARA COUNTY HEALTH AUTHORITY
Organization Marketing Name: Santa Clara Family Health Plan
Parent Organization: SANTA CLARA COUNTY HEALTH AUTHORITY
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact:
Name: Robert Ostrander
Phone: 1-408-874-1750
Extension:
Fax:
Email: rostrander@scfhp.com
Address: 210 E. Hacienda Avenue

City: Campbell
State: CA
Zip: 95008

Last Updated: 5/17/2006

Contract Number: H5575
Legal Entity Name: FIDELIS SECURECARE OF NORTH CAROLINA
Organization Marketing Name: Fidelis SecureCare of North Carolina
Parent Organization: Fidelis SecureCare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: VP Operations and Analysis
Name: Kathy Cortez
Phone: 1-847-605-0501
Extension:
Fax: 1-847-517-1085
Email: Kathy.Cortez@fidelissc.com
Address: 1700 East Golf Road
Suite 1115

City: Schaumburg
State: IL
Zip: 60193

Last Updated: 4/10/2007

Contract Number: H5576
Legal Entity Name: VANTAGE HEALTH PLAN, INC. Organization Type: Local CCP
Organization Marketing Name: Vantage Health Plan, Inc. Plan Type: HMO/HMOPOS
Parent Organization: Vantage Health Plan, Inc. Contract Effective Date: 1/1/2007

MA Contact: Chief Financial Officer

Name: Rhonda Haygood
Phone: 1-318-361-0900
Extension: 123
Fax:
Email: rhaygood@vhpla.com

Address: 130 DeSiard St
Suite 300

City: Monroe
State: LA
Zip: 71201

Last Updated: 5/16/2006

Contract Number: H5577
Legal Entity Name: RED MEDICA DE PUERTO RICO, INC. Organization Type: Local CCP
Organization Marketing Name: Red Med Plan Type: HMO/HMOPOS
Parent Organization: Red Medica De Puerto Rico Inc. Contract Effective Date: 1/1/2007

MA Contact:

Name: Delia Torres
Phone: 1-787-620-7772

Extension:

Fax: 1-787-620-7774

Email: dtorres@red-medica.com

Address: Capital Center Building, South Tower, Ste. 704
239 Ave Arterial Hostos

City: San Juan
State: PR
Zip: 00918-1476

Last Updated: 2/7/2007

Contract Number: H5578
Legal Entity Name: ARCADIAN HEALTH PLAN OF GEORGIA, INC. Organization Type: Local CCP
Organization Marketing Name: Southeast Community Care Plan Type: HMO/HMOPOS
Parent Organization: Arcadian Management Services Inc. Contract Effective Date: 1/1/2007

MA Contact: Vice President of Claims

Name: Mae Regalado
Phone: 1-909-971-6703

Extension:

Fax: 1-909-971-6753

Email: mregalado@arcadianhealth.com

Address: 955 Overland Court., Second Floor

City: San Dimas
State: CA
Zip: 91773

Last Updated: 6/11/2007

Contract Number: H5580
Legal Entity Name: SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION Organization Type: Local CCP
Organization Marketing Name: Mercy Care Advantage Plan Type: HMO/HMOPOS
Parent Organization: Southwest Catholic Health Network Contract Effective Date: 1/1/2006

MA Contact: Director, Claims

Name: Joseph Jefferson
Phone: 1-602-659-1862

Extension:

Fax: 1-602-414-7035

Email: joseph.jefferson@schalleranderson.com

Address: 4645 E Cotton Center Blvd

City: Phoenix
State: AZ
Zip: 85040

Last Updated: 1/22/2007

Contract Number: H5586
Legal Entity Name: SOUTH DAKOTA STATE MEDICAL HOLDING COMPANY, INC. Organization Type: Local CCP
Organization Marketing Name: DAKOTACARE Plan Type: HMO/HMOPOS
Parent Organization: South Dakota Medical Association Contract Effective Date: 1/1/2006

MA Contact:
Name: Mark Tracy
Phone: 1-605-334-4000
Extension: 3711
Fax:
Email: mtracy@dakotacare.com
Address: 2600 W 49th St

City: Sioux Falls
State: SD
Zip: 57117

Last Updated: 4/10/2007

Contract Number: H5587
Legal Entity Name: HEALTH CHOICE ARIZONA, INC. Organization Type: Local CCP
Organization Marketing Name: Health Choice Generations Plan Type: HMO/HMOPOS
Parent Organization: IASIS Healthcare Contract Effective Date: 1/1/2006

MA Contact: Director, Claims
Name: Mary Boyd
Phone: 1-480-350-2216
Extension:
Fax: 1-480-784-2933
Email: mboyd@iasishealthcare.com
Address: 1600 W. Broadway, Suite 110

City: Tempe
State: AZ
Zip: 85282

Last Updated: 10/11/2006

Contract Number: H5588
Legal Entity Name: MOLINA HEALTHCARE OF NEVADA, INC. Organization Type: Local CCP
Organization Marketing Name: Molina Healthcare of Nevada Plan Type: HMO/HMOPOS
Parent Organization: Molina Healthcare, Inc., Contract Effective Date: 1/1/2007

MA Contact: Vice President, Claims Processing
Name: Mike Reddy
Phone: 1-562-951-1565
Extension:
Fax: 1-562-499-6189
Email: mike.reddy@molinahealthcare.com
Address: One Golden Shore Drive

City: Long Beach
State: CA
Zip: 90802

Last Updated: 5/17/2006

Contract Number: H5591
Legal Entity Name: MARTINS POINT GENERATIONS, LLC Organization Type: Local CCP
Organization Marketing Name: Martin's Point Generations Advantage Plan Type: HMO/HMOPOS
Parent Organization: MARTINS POINT GENERATIONS, LLC Contract Effective Date: 1/1/2007

MA Contact: Claims Manager
Name: John Pickett
Phone: 1-207-253-6137
Extension:
Fax:
Email: johnp@martinspoint.org
Address: P.O. Box 9746
891 Washington Avenue

City: Portland
State: ME
Zip: 04104

Last Updated: 8/23/2006

Contract Number: H5594
Legal Entity Name: OPTIMUM HEALTHCARE, INC.
Organization Marketing Name: Optimum HealthCare, Inc.
Parent Organization: COMMUNITY HEALTH VENTURES, INC
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Director of Claims, Member Services & Enrollment
Name: Carolyn White
Phone: 1-352-688-9131
Extension: 311
Fax: 1-352-688-6375
Email: cwhite@youroptimumhealthcare.com
Address: 5478 Spring Hill Drive

City: Spring Hill
State: FL
Zip: 34606

Last Updated: 2/14/2007

Contract Number: H5598
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Evercare« Health Plans
Parent Organization: UHC - Pacificare
Organization Type: Demo
Plan Type: ESRD II - HMOPOS
Contract Effective Date: 9/1/2005

MA Contact: Director of Operations
Name: Leslie K Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/17/2006

Contract Number: H5606
Legal Entity Name: STERLING LIFE INSURANCE COMPANY
Organization Marketing Name: Fresenius Medical Health Plan, Inc. - Pennsylvania
Parent Organization: Sterling Insurance Group
Organization Type: Demo
Plan Type: ESRD I - PFFS
Contract Effective Date: 1/1/2006

MA Contact: VP Compliance & Regulatory Affairs
Name: Craig A Bodway
Phone: 1-360-647-9080
Extension: 29098
Fax: 1-360-647-8632
Email: Craig.Bodway@sterlingplans.com
Address: 2219 Rimland Drive
PO Box 5348

City: Bellingham
State: WA
Zip: 98227-5348

Last Updated: 8/25/2006

Contract Number: H5608
Legal Entity Name: DENVER HEALTH MEDICAL PLAN, INC.
Organization Marketing Name: Denver Health Medical Plan
Parent Organization: Denver Health Medical Center
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Claims Manager
Name: Charlotte Duran-Walker
Phone: 1-720-956-2327
Extension:
Fax:
Email: charlotte.duranwalker@dhha.org
Address: 777 Bannock St
Mail Code 6000

City: Denver
State: CO
Zip: 80204

Last Updated: 7/26/2005

Contract Number: H5609
Legal Entity Name: GEMCARE HEALTH PLAN INC.
Organization Marketing Name: GEMCARE Health Plan
Parent Organization: Golden Empire Managed Care
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact:
Name: Trannie Delay
Phone: 1-661-716-7161
Extension:
Fax:
Email: tdelay@managedcaresystems.com
Address: 5080 California Avenue
Suite 200
City: Bakersfield
State: CA
Zip: 93309
Last Updated: 4/25/2006

Contract Number: H5610
Legal Entity Name: CARE RESOURCES, INC.
Organization Marketing Name: Care Resources
Parent Organization: CARE RESOURCES, INC.
Organization Type: National PACE
Plan Type: National PACE
Contract Effective Date: 9/1/2006

MA Contact: Quality Manager
Name: Kim Motter
Phone: 1-616-956-9440
Extension: 185
Fax:
Email: kimm@hhs-inc.com
Address: 5363 44th Street

City: Grand Rapids
State: MI
Zip: 49512
Last Updated:

Contract Number: H5619
Legal Entity Name: ARCADIAN HEALTH PLAN, INC.
Organization Marketing Name: Northeast Community Care
Parent Organization: Arcadian Management Services Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Vice President of Claims
Name: Mae Regalado
Phone: 1-909-971-6703
Extension:
Fax: 1-909-971-6753
Email: mregalado@arcadianhealth.com
Address: 955 Overland Court., Second Floor

City: San Dimas
State: CA
Zip: 91773
Last Updated: 6/13/2007

Contract Number: H5628
Legal Entity Name: MOLINA HEALTHCARE OF UTAH, INC.
Organization Marketing Name: Molina Healthcare of Utah
Parent Organization: Molina Healthcare, Inc.,
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Vice President, Claims Services
Name: Mike Reddy
Phone: 1-562-951-1565
Extension:
Fax: 1-562-499-6189
Email: mike.reddy@molinahealthcare.com
Address: One Golden Shore Dr.

City: Long Beach
State: CA
Zip: 90802
Last Updated: 5/17/2006

Contract Number: H5640
Legal Entity Name: IEHP HEALTH ACCESS
Organization Marketing Name: IEHP Medicare DualChoice
Parent Organization: INLAND EMPIRE HEALTH PLAN
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Director of Claims
Name: David Baray
Phone: 1-909-890-2790
Extension:
Fax: 1-909-890-2068
Email: baray-d@iehp.org
Address: 303 E. Vanderbilt Way, Suite 100

City: San Bernardino
State: CA
Zip: 92408

Last Updated: 1/30/2007

Contract Number: H5649
Legal Entity Name: CENTRAL HEALTH PLAN OF CALIFORNIA, INC.
Organization Marketing Name: Central Health Medicare Plan
Parent Organization: Central Health Plan of California
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: MA Claims Processing
Name: MA Claims
Phone: 1-626-388-2386
Extension:
Fax: 1-626-388-2361
Email: mbrsvcs@centralhealthplan.com
Address: 1051 Park View Drive
Suite 120

City: Covina
State: CA
Zip: 91724

Last Updated: 12/12/2006

Contract Number: H5652
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Erickson Advantage
Parent Organization: UHC - Pacificare
Organization Type: Demo
Plan Type: Continuing Care Retirement Community
Contract Effective Date: 9/1/2005

MA Contact: Director of Operations
Name: Leslie K Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com

Address: 2725 Mall Drive
WI080-1000
City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/17/2006

Contract Number: H5656
Legal Entity Name: SELECTCARE HEALTH PLANS, INC.
Organization Marketing Name: TexasFirst Health Plans
Parent Organization: Universal American Financial Corporation
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Director, Claims
Name: Darian Newman
Phone: 1-713-273-8633
Extension:
Fax: 1-713-952-7819
Email: dnewman@hhsi.com
Address: 4888 Loop Central Drive
Suite 700

City: Houston
State: TX
Zip: 77081

Last Updated: 2/12/2007

Contract Number: H5657
Legal Entity Name: HUMANA INSURANCE COMPANY OF NEW YORK
Organization Marketing Name: Humana Insurance Company of New York
Parent Organization: Humana Inc.
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2007

MA Contact:

Name: Pamela Wilson
Phone: 1-502-580-4854
Extension:
Fax: 1-502-580-7370
Email: pwilson@humana.com
Address: 500 West Main Street

City: Louisville
State: KY
Zip: 40202

Last Updated: 4/7/2006

Contract Number: H5665
Legal Entity Name: CARE IMPROVEMENT PLUS OF MARYLAND, INC.
Organization Marketing Name: Care Improvement Plus
Parent Organization: XLHealth Corporation
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Senior Director of Operations, CIP Group

Name: Austin Ifedirah
Phone: 1-443-872-3033
Extension:
Fax: 1-410-244-0092
Email: aifedirah@xlhealth.com
Address: 250 West Pratt Street
Suite 200

City: Baltimore
State: MD
Zip: 21201

Last Updated: 6/4/2007

Contract Number: H5678
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Erickson Advantage
Parent Organization: UHC - Pacificare
Organization Type: Demo
Plan Type: Continuing Care Retirement Community
Contract Effective Date: 1/1/2006

MA Contact:

Name: Leslie K Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/17/2006

Contract Number: H5679
Legal Entity Name: ANTHEM BC/BS OF COLORADO
Organization Marketing Name: Anthem Blue Cross and Blue Shield
Parent Organization: Wellpoint, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Manager II, Customer Care Multi

Name: Debra Kaiser
Phone: 1-920-923-8339
Extension:
Fax:
Email: debra.kaiser@wellpoint.com
Address: 145 S. Pioneer Blvd,
Mail Stop WIW201-FDL

City: Fon Du Lac
State: WI
Zip: 54935

Last Updated: 2/20/2007

Contract Number: H5685
Legal Entity Name: MIDWEST HEALTH PLAN, INC. Organization Type: Local CCP
Organization Marketing Name: Midwest Advantage Plan Type: HMO/HMOPOS
Parent Organization: Midwest Health Plan, Inc. Contract Effective Date: 1/1/2006

MA Contact: Sr. Director of Operations
Name: Vasudha Gadgil
Phone: 1-313-586-6001
Extension:
Fax: 1-313-582-3092
Email: vgadgil@midwesthealthplan.com
Address: 5050 Schaefer Road

City: Dearborn
State: MI
Zip: 48126

Last Updated: 7/26/2005

Contract Number: H5696
Legal Entity Name: PHYSICIANS UNITED PLAN, INC. Organization Type: Local CCP
Organization Marketing Name: Physicians United Plan Plan Type: HMO/HMOPOS
Parent Organization: Physician's United Plan, Inc. Contract Effective Date: 1/1/2006

MA Contact: Director of Operations
Name: Don A Whitfield
Phone: 1-866-571-0693
Extension:
Fax: 1-407-647-4220
Email: dwhitfield@pupcorp.com
Address: 6220 South Orange Blossom Trail
Suite 199

City: Orlando
State: FL
Zip: 32809

Last Updated: 6/25/2007

Contract Number: H5697
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY Organization Type: Demo
Organization Marketing Name: Erickson Advantage Plan Type: Continuing Care Retirement Community
Parent Organization: UHC - Pacificare Contract Effective Date: 1/1/2006

MA Contact: Director of Operations
Name: Leslie Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com

Address: 2725 Mall Drive
WI080-1000
City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/17/2006

Contract Number: H5698
Legal Entity Name: WINDSOR HEALTH PLANS, INC. Organization Type: Local CCP
Organization Marketing Name: Windsor Medicare Extra Plan Type: HMO/HMOPOS
Parent Organization: Windsor Health Group Contract Effective Date: 1/1/2006

MA Contact: VP of Administration
Name: Robin Bradley
Phone: 1-615-782-7949
Extension:
Fax:
Email: rbradley@windsorhealthgroup.com
Address: 7100 Commerce Way, Ste 285

City: Brentwood
State: TN
Zip: 37027

Last Updated: 9/8/2006

Contract Number: H5700
Legal Entity Name: ARKANSAS COMMUNITY CARE
Organization Marketing Name: Arkansas Community Care, Inc.
Parent Organization: Arcadian Management Services Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Vice President of Claims
Name: Mae Regalado
Phone: 1-909-971-6703
Extension:
Fax: 1-909-971-6753
Email: mregalado@arcadianhealth.com
Address: 955 Overland Court., Second Floor

City: Sam Dimas
State: CA
Zip: 91773

Last Updated: 6/13/2007

Contract Number: H5703
Legal Entity Name: SOUTH COUNTRY HEALTH ALLIANCE
Organization Marketing Name: South Country Health Alliance
Parent Organization: South Country Health Alliance
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact:
Name: Colleen Warnemunde
Phone: 1-507-444-7771
Extension:
Fax:
Email: cwarnemunde@mnscha.org
Address: 110 W Fremont Street

City: Owatonna
State: MN
Zip: 55060

Last Updated: 8/21/2006

Contract Number: H5711
Legal Entity Name: QMEDCARE OF NEW JERSEY, INC
Organization Marketing Name: QMedCare
Parent Organization: QMed, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Project Manager
Name: Kim Hess
Phone: 1-732-544-5544
Extension: 1306
Fax: 1-732-544-5404
Email: kim.hess@qmedinc.com
Address: 25 Christopher Way

City: Eatontown
State: NJ
Zip: 07724

Last Updated: 12/22/2006

Contract Number: H5721
Legal Entity Name: HEALTH NET INSURANCE OF NEW YORK, INC.
Organization Marketing Name: Health Net Pearl
Parent Organization: Health Net, Inc.
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2007

MA Contact: Vice President, Customer Experience
Name: Michael R Thomas
Phone: 1-916-935-1347
Extension:
Fax:
Email: michael.r.thomas@healthnet.com
Address: Health Net Medicare Programs
P.O. Box 870502

City: Surfside Beach
State: SC
Zip: 29587-8713

Last Updated: 4/23/2007

Contract Number: H5729
Legal Entity Name: PARTNERCARE HEALTH PLAN, INC.
Organization Marketing Name: PartnerCare Health Plan, Inc.
Parent Organization: CareOne Health Plan, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Financial Analyst
Name: John Dionisio
Phone: 1-813-901-9208
Extension: 1114
Fax: 1-813-901-9209
Email: jdionisio@partnercarehealthplan.com
Address: 5501 West Waters Ave. Suite 401

City: Tampa
State: FL
Zip: 33634

Last Updated: 1/31/2007

Contract Number: H5732
Legal Entity Name: AUXILIO PLATINO, INC.
Organization Marketing Name: Auxilio Platino
Parent Organization: Hospital Auxilio Mutuo
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Claims Manager
Name: Susan Thibodeaux
Phone: 1-504-849-4500
Extension: 8680
Fax: 1-504-849-6973
Email: susan.thibodeaux@peopleshealth.com
Address: Three Lakeway Center
3838 N Causeway Blvd, Suite 2200

City: Metairie
State: LA
Zip: 70002

Last Updated: 2/27/2007

Contract Number: H5736
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2006

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@aetna.com
Address: 3030 Northwest Expressway
MS F714

City: Oklahoma City
State: OK
Zip: 73101

Last Updated: 4/6/2007

Contract Number: H5750
Legal Entity Name: METROPOLITAN HEALTH PLAN
Organization Marketing Name: North Star Advantage / North Star Advantage Plus
Parent Organization: Metropolitan Health Plan
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Sr Accountant
Name: Phillip Carlson
Phone: 1-612-543-3317
Extension:
Fax: 1-612-904-4264
Email: phillip.carlson@co.hennepin.mn.us
Address: 400 South 4th St
Suite 210

City: Minneapolis
State: MN
Zip: 55415

Last Updated: 5/30/2007

Contract Number: H5754
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Erickson Advantage
Parent Organization: UHC - Pacificare
Organization Type: Demo
Plan Type: Continuing Care Retirement Community
Contract Effective Date: 1/1/2006

MA Contact: Director of Operations
Name: Leslie K Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000
City: Eau Claire
State: WI
Zip: 54701
Last Updated: 4/17/2006

Contract Number: H5756
Legal Entity Name: DELAWARE PHYSICIANS CARE, INC.
Organization Marketing Name: Delaware Physicians Care Advantage
Parent Organization: Delaware Physicians Care, Inc.
Organization Type: Local CCP
Plan Type: PSO (State License)
Contract Effective Date: 1/1/2007

MA Contact: Director Claims Operation
Name: Leo Maes
Phone: 1-602-659-1862
Extension:
Fax:
Email: leo.maes@schalleranderson.com
Address: 4645 E Cotton Center Blvd
City: Phoenix
State: AZ
Zip: 85004
Last Updated: 5/18/2006

Contract Number: H5760
Legal Entity Name: COOPERATIVA DE SEGUROS DE VIDA DE PUERTO RICO
Organization Marketing Name: Cooperativa de Seguros de Vida de PR (COSVI)
Parent Organization: Cooperativa de Seguros de Vida de Puerto Rico
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Claims Supervisor
Name: Sonia Torres
Phone: 1-787-751-5656
Extension: 2626
Fax:
Email: storres@cosvi.com
Address: PO BOX 363428
City: SAN JUAN
State: PR
Zip: 00936-3428
Last Updated: 9/19/2005

Contract Number: H5769
Legal Entity Name: BLUE CROSS OF CALIFORNIA
Organization Marketing Name: Blue Cross of California
Parent Organization: Wellpoint, Inc.
Organization Type: MSA
Plan Type: MSA
Contract Effective Date: 1/1/2007

MA Contact: Manager II, Customer Care Multi
Name: Debra Kaiser
Phone: 1-920-923-8339
Extension:
Fax:
Email: debra.kaiser@wellpoint.com
Address: 145 S. Pioneer Blvd,â
Mail Stop WIW201-FDL
City: Fon Du Lac
State: WI
Zip: 54935
Last Updated: 2/22/2007

Contract Number: H5774
Legal Entity Name: AMERICAN HEALTH, INC.
Organization Marketing Name: American Health Medicare
Parent Organization: American Health Plan
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Vice President - Operations
Name: Fred Gordo
Phone: 1-787-620-1919
Extension: 4020
Fax:
Email: fgordo@ahmpr.com
Address: American Health Medicare
PO BOX 11320
City: Caparra
State: PR
Zip: 00922-9907
Last Updated: 1/18/2006

Contract Number: H5782
Legal Entity Name: SOLANO-NAPA-YOLO COMMISSION ON MEDICAL CARE
Organization Marketing Name: Partnership HealthPlan of California
Parent Organization: PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Claims Director
Name: Paula Frederickson
Phone: 1-707-863-4201
Extension:
Fax: 1-707-863-4119
Email: pfrederickson@partnershiphp.org
Address: 360 Campus Lane, Suite 100
City: Fairfield
State: CA
Zip: 94534
Last Updated: 4/25/2006

Contract Number: H5783
Legal Entity Name: ARCADIAN HEALTH PLAN, INC.
Organization Marketing Name: Southeast Community Care
Parent Organization: Arcadian Management Services Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Vice President Claims Processing
Name: Mae Regalado
Phone: 1-909-971-6703
Extension:
Fax: 1-909-971-6753
Email: mregalado@arcadianhealth.com
Address: 955 Overland Court., Second Floor
City: San Dimas
State: CA
Zip: 91773
Last Updated: 6/13/2007

Contract Number: H5793
Legal Entity Name: AETNA HEALTH INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@Aetna.com
Address: 3030 Northwest Expressway
MS F714
City: Oklahoma City
State: OK
Zip: 73101
Last Updated: 4/6/2007

Contract Number: H5810
Legal Entity Name: MOLINA HEALTHCARE OF CALIFORNIA
Organization Marketing Name: Molina Healthcare of California
Parent Organization: Molina Healthcare, Inc.,
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Vice President, Claims Services
Name: Gabriel Viola
Phone: 1-562-435-3666
Extension:
Fax: 1-562-499-6189
Email: Gabriel.Viola@molinahealthcare.com
Address: One Golden Shore Dr.

City: Long Beach
State: CA
Zip: 90802

Last Updated: 9/6/2005

Contract Number: H5811
Legal Entity Name: MEDCORE HP
Organization Marketing Name: Medcore HP
Parent Organization: Medcore HP
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Chief Operating Officer
Name: Sheila Stephens
Phone: 1-209-320-2616
Extension:
Fax: 1-209-320-2644
Email: sheila.stephens@medcorehp.com
Address: 509 W. Weber Ave.

Suite 200
City: Stockton
State: CA
Zip: 95203-3164

Last Updated: 5/26/2006

Contract Number: H5812
Legal Entity Name: GEISINGER INDEMNITY INSURANCE COMPANY
Organization Marketing Name: Geisinger Health Plan Gold Choice
Parent Organization: Geisinger Health System
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2006

MA Contact: Team Leader, Customer Service
Name: Rita Buggy
Phone: 1-570-214-1997
Extension:
Fax: 1-570-271-5970
Email: rbuggy@thehealthplan.com
Address: 100 North Academy Avenue

City: Danville
State: PA
Zip: 17822-3029

Last Updated: 3/6/2007

Contract Number: H5813
Legal Entity Name: AETNA HEALTH, INC
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@Aetna.com
Address: 3030 Northwest Expressway

MS F714
City: Oklahoma City
State: OK
Zip: 73101

Last Updated: 4/6/2007

Contract Number: H5817
Legal Entity Name: AMERIGROUP TEXAS, INC. Organization Type: Local CCP
Organization Marketing Name: AMERIGROUP Community Care Plan Type: HMO/HMOPOS
Parent Organization: AMERIGROUP Corporation Contract Effective Date: 1/1/2006

MA Contact: VP Claims
Name: Sue Armbruster
Phone: 1-757-473-2737
Extension:
Fax:
Email: sambbru@amerigroupcorp.com
Address: AMERIGROUP Corporation
4425 Corporation Lane
City: Virginia Beach
State: VA
Zip: 23462
Last Updated: 7/29/2005

Contract Number: H5820
Legal Entity Name: UNIVERSAL HEALTH CARE INSURANCE COMPANY Organization Type: PFFS
Organization Marketing Name: Universal Health Care Insurance Company, Inc. Plan Type: PFFS
Parent Organization: Universal Health Care Inc. Contract Effective Date: 1/1/2007

MA Contact: System Analyst
Name: Himanshu Desai
Phone: 1-866-690-4842
Extension: 6510
Fax: 1-727-497-3623
Email: hdesai@univhc.com
Address: 150 2nd Avenue North
Suite 400
City: Saint Petersburg
State: FL
Zip: 33701
Last Updated: 5/16/2006

Contract Number: H5821
Legal Entity Name: MAPFRE LIFE INSURANCE COMPANY Organization Type: Local CCP
Organization Marketing Name: MAPFRE LIFE Insurance Company Plan Type: HMO/HMOPOS
Parent Organization: MAPFRE PRAICO Contract Effective Date: 1/1/2006

MA Contact: Manager, Claims
Name: Pablo Goron
Phone: 1-787-250-6500
Extension: 6366
Fax:
Email: pgorin@mapfrepr.com
Address: PO Box 70297

City: San Juan
State: PR
Zip: 00936-8297
Last Updated: 4/11/2007

Contract Number: H5822
Legal Entity Name: MIDLAND CARE CONNECTION Organization Type: National PACE
Organization Marketing Name: Midland PACE Plan Type: National PACE
Parent Organization: MIDLAND HOSPICE, INC. Contract Effective Date: 1/1/2007

MA Contact: Data Information Director
Name: Gale Remington Smith
Phone: 1-785-232-2044
Extension:
Fax: 1-785-232-5567
Email: gsmith@midlandcareconnection.org
Address: 200 SW Frazier Circle

City: Topeka
State: KS
Zip: 66606
Last Updated: 3/13/2006

Contract Number: H5823
Legal Entity Name: MOLINA HEALTHCARE OF WASHINGTON, INC. Organization Type: Local CCP
Organization Marketing Name: Molina Healthcare of Washington, Inc. Plan Type: HMO/HMOPOS
Parent Organization: Molina Healthcare, Inc., Contract Effective Date: 1/1/2006

MA Contact: Vice President, Claim Services
Name: Gabriel Viola
Phone: 1-562-951-1565
Extension:
Fax: 1-562-499-6189
Email: gabriel.viola@molinahealthcare.com
Address: One Golden Shore Dr

City: Long Beach
State: CA
Zip: 90802

Last Updated: 9/6/2005

Contract Number: H5826
Legal Entity Name: COMMUNITY HEALTH PLAN OF WASHINGTON Organization Type: Local CCP
Organization Marketing Name: Community HealthFirst Medicare Advantage Plan Plan Type: HMO/HMOPOS
Parent Organization: Community Health Plan of Washington Contract Effective Date: 1/1/2007

MA Contact: Director of Operations
Name: Allan Fisher
Phone: 1-206-515-7975
Extension:
Fax: 1-206-613-5055
Email: Allan.Fisher@chpw.org
Address: 720 Olive Way
Suite 300

City: Seattle
State: WA
Zip: 98101-1830

Last Updated: 6/5/2007

Contract Number: H5832
Legal Entity Name: AETNA HEALTH INC. Organization Type: Local CCP
Organization Marketing Name: Aetna Medicare Plan Type: HMO/HMOPOS
Parent Organization: Aetna Inc. Contract Effective Date: 1/1/2007

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@Aetna.com
Address: 3030 Northwest Expressway
MS F714

City: Oklahoma City
State: OK
Zip: 73101

Last Updated: 4/6/2007

Contract Number: H5838
Legal Entity Name: COMMONWEALTH CARE ALLIANCE Organization Type: Local CCP
Organization Marketing Name: Commonwealth Care Alliance Plan Type: HMO/HMOPOS
Parent Organization: Commonwealth Care Alliance Contract Effective Date: 1/1/2006

MA Contact:
Name: Jan Levinson
Phone: 1-617-426-0600
Extension:
Fax: 1-617-426-1311
Email: jlevinson@commonwealthcare.org
Address: 30 Winter Street, 7th Floor

City: Boston
State: MA
Zip: 02108

Last Updated: 8/25/2005

Contract Number: H5839
Legal Entity Name: STERLING LIFE INSURANCE COMPANY (MT)
Organization Marketing Name: Sterling Life Insurance Company
Parent Organization: Sterling Insurance Group
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2006

MA Contact: VP Compliance & Regulatory Affairs
Name: Craig A Bodway
Phone: 1-360-647-9080
Extension: 29098
Fax: 1-360-647-8632
Email: Craig.Bodway@sterlingplans.com
Address: 2219 Rimland Drive
PO Box 5348
City: Bellingham
State: WA
Zip: 98227-5348
Last Updated: 7/11/2006

Contract Number: H5849
Legal Entity Name: ARKANSAS BLUE CROSS AND BLUE SHIELD, A MUTUAL INS.
Organization Marketing Name: Arkansas Blue Cross - Medi-Pak Advantage
Parent Organization: Arkansas Blue Cross Blue Shield
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2007

MA Contact: Manager, Senior Products
Name: Marilyn Herrington
Phone: 1-501-378-6951
Extension:
Fax: 1-501-379-2703
Email: maherrington@arkbluecross.com
Address: 601 Gaines Stret

City: Little Rock
State: AR
Zip: 72201
Last Updated: 5/11/2007

Contract Number: H5850
Legal Entity Name: SUMMIT HEALTH PLAN, INC.
Organization Marketing Name: Summit Health Plan, Inc.
Parent Organization: VISTA
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: VP
Name: Ted Jones
Phone: 1-954-858-3440
Extension:
Fax: 1-954-858-3695
Email: ted.jones@summithealthplan.com
Address: 1340 Concord Terrace

City: Sunrise
State: FL
Zip: 33323
Last Updated: 2/2/2007

Contract Number: H5852
Legal Entity Name: AIDS HEALTHCARE FOUNDATION
Organization Marketing Name: POSITIVE HEALTHCARE PARTNERS
Parent Organization: AIDS Healthcare Foundation
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: CLAIMS MANAGER
Name: ELMER ARCEO
Phone: 1-323-436-5006
Extension:
Fax: 1-323-436-5032
Email: ELMER.ARCEO@AIDSHEALTH.ORG
Address: 1001 NORTH MARTEL AVE

City: LOS ANGELES
State: CA
Zip: 90046
Last Updated: 5/31/2007

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

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Claims Director
Name: William Hartman
Phone: 1-518-367-5175
Extension:
Fax: 1-518-367-6013
Email: william.hartman@empireblue.com
Address: 11 Corporate Woods Blvd.

City: Loudonville
State: NY
Zip: 12211

Last Updated: 5/16/2006

Contract Number: H5859
Legal Entity Name: HEALTH PLAN OF CAREOREGON, INC.
Organization Marketing Name: CareOregon Advantage
Parent Organization: CareOregon, Inc.

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Claims & Member Services Director
Name: Nina Emerick
Phone: 1-503-416-1703
Extension:
Fax: 1-503-416-3720
Email: emerickn@careoregon.org
Address: CareOregon Advantage
315 SW Fifth Avenue, Suite 900
City: Portland
State: OR
Zip: 97204

Last Updated: 5/26/2006

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

Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2007

MA Contact: Operations Manager, Medicare Advantage Plans
Name: Gwen Ohlson
Phone: 1-208-387-6822
Extension:
Fax: 1-208-387-6808
Email: gohlson@bcdahoh.com
Address: 3000 E. Pine Ave.

City: Meridian
State: ID
Zip: 83642

Last Updated: 5/15/2006

Contract Number: H5880
Legal Entity Name: VOLUNTEER STATE HEALTH PLAN, INC
Organization Marketing Name: Volunteer State Health Plan
Parent Organization: BlueCross BlueShield of Tennessee

Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact:
Name: Carol Troxell
Phone: 1-423-535-5183
Extension:
Fax:
Email: carol_troxell@bcbst.com
Address: 801 Pine Street

City: Chattanooga
State: TN
Zip: 37402

Last Updated: 4/14/2006

Contract Number: H5883
Legal Entity Name: BLUE CARE NETWORK OF MICHIGAN
Organization Marketing Name: Blue Care Network
Parent Organization: Blue Cross Blue Shield of Michigan
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Director Claims Administration

Name: Molly Beyer
Phone: 1-616-956-5890

Extension:

Fax:

Email: mbeyer@bcbsm.com

Address: 611 Cascade W. Parkway

City: Grand Rapids

State: MI

Zip: 49546

Last Updated: 7/27/2005

Contract Number: H5884
Legal Entity Name: BLUECROSS BLUESHIELD OF TENNESSEE
Organization Marketing Name: BlueCross BlueShield of Tennessee
Parent Organization: BlueCross BlueShield of Tennessee
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2006

MA Contact:

Name: Janine Colbaugh
Phone: 1-423-535-7023

Extension:

Fax:

Email: janine_colbaugh@bcbst.com

Address: 801 Pine Street

City: Chattanooga

State: TN

Zip: 37402

Last Updated: 9/20/2005

Contract Number: H5887
Legal Entity Name: FIRST MEDICAL HEALTH PLAN, INC.
Organization Marketing Name: First Medical Health Plan, Inc.
Parent Organization: First Medical Health Plan
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Project Manager

Name: Kristin S Greeley
Phone: 1-787-625-9557

Extension: 225

Fax: 1-787-300-3912

Email: k.greeley@firstpluspr.com

Address: P.O. Box 195559

City: San Juan

State: PR

Zip: 00919

Last Updated: 4/23/2007

Contract Number: H5893
Legal Entity Name: ELDER CARE HEALTH PLAN, INC.
Organization Marketing Name: Elder Care Health Plan, Inc
Parent Organization: Elder Care of Wisconsin
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Claims Specialist

Name: Ann Hansen
Phone: 1-608-245-3437

Extension:

Fax: 1-608-241-5195

Email: hansena@elderc.org

Address: 2802 International Lane

City: Madison

State: WI

Zip: 53704

Last Updated: 9/20/2006

Contract Number: H5895
Legal Entity Name: CONTRA COSTA CO MED SVCS DBA CONTRA COSTA HEALTH
Organization Marketing Name: Contra Costa Health Plan
Parent Organization: Contra Costa Health Services
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Business Services Manager

Name: Cindy Shelby

Phone: 1-925-957-5177

Extension:

Fax: 1-925-957-5173

Email: cshelby@hsd.cccounty.us

Address: 595 Center Ave. Ste. 100

City: Martinez

State: CA

Zip: 94553

Last Updated: 4/14/2006

Contract Number: H5896
Legal Entity Name: AMERIGROUP MARYLAND, INC.
Organization Marketing Name: AMERIGROUP Community Care
Parent Organization: AMERIGROUP Corporation
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: VP Claims

Name: Sue Armbruster

Phone: 1-757-473-2737

Extension:

Fax:

Email: sarmbru@amerigroupcorp.com

Address: 4425 Corporation Lane

City: Virginia Beach

State: VA

Zip: 23462

Last Updated: 5/8/2006

Contract Number: H5908
Legal Entity Name: SUN HEALTH MEDISUN, INC.
Organization Marketing Name: MediSun Private Fee For Service
Parent Organization: Sun Health Corporation
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2006

MA Contact: Director, Medical Economics

Name: Diane Icard

Phone: 1-623-544-7446

Extension:

Fax: 1-623-544-7450

Email: diane.icard@sunhealth.org

Address: P.O. Box 1489
13632 N. 99th Ave, Suite B

City: Sun City

State: AZ

Zip: 85372

Last Updated: 8/10/2005

Contract Number: H5909
Legal Entity Name: AMERICAN PROGRESSIVE LIFE AND HEALTH OF NEW YORK
Organization Marketing Name: Fresenius Medical Care Health Plan
Parent Organization: Universal American Financial Corporation
Organization Type: Demo
Plan Type: ESRD I - PFFS
Contract Effective Date: 1/1/2006

MA Contact: Director, Claims

Name: Darian Newman

Phone: 1-713-273-8633

Extension:

Fax: 1-713-952-7819

Email: dnewman@hhsi.com

Address: 4888 Loop Central Drive
Suite 700

City: Houston

State: TX

Zip: 77081

Last Updated: 2/12/2007

Contract Number: H5918
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: Erickson Advantage
Parent Organization: UHC - Pacificare
Organization Type: Demo
Plan Type: Continuing Care Retirement Community
Contract Effective Date: 1/1/2006

MA Contact:

Name: Leslie K Sheldon
Phone: 1-715-858-2200
Extension:
Fax:
Email: leslie_sheldon@uhc.com
Address: 2725 Mall Drive
WI080-1000
City: Eau Clair
State: WI
Zip: 54701

Last Updated: 4/17/2006

Contract Number: H5926
Legal Entity Name: MOLINA HEALTHCARE OF MICHIGAN
Organization Marketing Name: Molina Healthcare of Michigan
Parent Organization: Molina Healthcare, Inc.,
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Vice President, Claim Services

Name: Gabriel Viola
Phone: 1-562-435-3666
Extension: 1565
Fax: 1-562-499-6189
Email: gabriel.viola@molinahealthcare.com
Address: One Golden Shore Drive

City: Long Beach
State: CA
Zip: 90802

Last Updated: 8/22/2005

Contract Number: H5928
Legal Entity Name: CARE1ST HEALTH PLAN
Organization Marketing Name: Care1st Medicare Advantage Plan
Parent Organization: Care1st Health Plan
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact:

Name: Janet Jan
Phone: 1-323-889-5258
Extension:
Fax:
Email: jjan@care1st.com
Address: 601 N. Potrero Grande Dr.

City: Monterey Park
State: CA
Zip: 91755

Last Updated: 6/19/2007

Contract Number: H5932
Legal Entity Name: GATEWAY HEALTH PLAN, INC.
Organization Marketing Name: Gateway Health Plan Medicare Assured
Parent Organization: Highmark Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: V.P. Operations

Name: Margaret Worek
Phone: 1-412-255-4648
Extension:
Fax:
Email: mworek@gatewayhealthplan.com
Address: 600 Grant Street - 41st Floor

City: Pittsburgh
State: PA
Zip: 15219

Last Updated: 7/26/2005

Contract Number: H5938
Legal Entity Name: CAPITAL HEALTH PLAN
Organization Marketing Name: Capital Health Plan
Parent Organization: Blue Cross and Blue Shield of Florida
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Director, Claims, OPL, Premium Billing
Name: Amy Adams
Phone: 1-850-383-3421
Extension:
Fax: 1-850-523-7250
Email: asadams@chp.org
Address: P.O. Box 15349

City: Tallahassee
State: FL
Zip: 32317

Last Updated: 7/27/2005

Contract Number: H5942
Legal Entity Name: SUNCOAST PHYSICIANS HEALTH PLAN, INC.
Organization Marketing Name: SunCoast Physicians Health Plan, Inc
Parent Organization: Suncoast Physicians Health Plan
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: CIO/CTO
Name: Bruce J Romanello
Phone: 1-954-384-8988
Extension:
Fax:
Email: bromanello@suncoastphp.com
Address: 2900 Glades Circle
Suite 250

City: Weston
State: FL
Zip: 33327

Last Updated: 9/3/2005

Contract Number: H5943
Legal Entity Name: SCAN HEALTH PLAN
Organization Marketing Name: VillageHealth
Parent Organization: SCAN Health Plan, Inc.
Organization Type: Demo
Plan Type: ESRD II - HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Vice President, Claims
Name: Allen Freymuth
Phone: 1-562-989-5100
Extension:
Fax: 1-562-989-5215
Email: afreymuth@scanhealthplan.com
Address: 3800 Kilroy Airport Way
Suite 100

City: Long Beach
State: CA
Zip: 90806

Last Updated: 5/9/2006

Contract Number: H5948
Legal Entity Name: ARTA MEDICARE HEALTH PLAN, INC.
Organization Marketing Name: Arta Medicare Health Plan
Parent Organization: ARTA MEDICARE HEALTH PLAN, INC.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Vice President, Operations
Name: Karen Richmond
Phone: 1-949-260-6515
Extension:
Fax: 1-949-567-0211
Email: krichmond@artamedicare.com
Address: 3333 Michelson Drive, Suite 735

City: Irvine
State: CA
Zip: 92612

Last Updated: 4/12/2006

Contract Number: H5949
Legal Entity Name: SENIOR WHOLE HEALTH, LLC
Organization Marketing Name: Senior Whole Health of Connecticut
Parent Organization: Senior Whole Health, LLC
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Director, Claims
Name: Peter Harrington
Phone: 1-617-494-5353
Extension: 6336
Fax: 1-617-494-5599
Email: pharrington@seniorwholehealth.com
Address: 58 Charles Street, 2nd Floor

City: Cambridge
State: MA
Zip: 02141

Last Updated: 2/8/2007

Contract Number: H5950
Legal Entity Name: AETNA HEALTH INC.
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Head of Regulatory Mgmt & Claims Services
Name: Rhonda Arvin
Phone: 1-405-794-7040
Extension:
Fax: 1-860-262-9642
Email: ArvinRG@Aetna.com
Address: 3030 Northwest Expressway
MS F714

City: Oklahoma City
State: OK
Zip: 73101

Last Updated: 4/6/2007

Contract Number: H5952
Legal Entity Name: CAMBRIDGE LIFE INSURANCE COMPANY
Organization Marketing Name: Advantra« Freedom
Parent Organization: Coventry Health Care Inc.
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2007

MA Contact: Director Service Organization
Name: Meg Knight
Phone: 1-800-713-5095
Extension:
Fax:
Email: mknight@cvty.com
Address: Advantra Freedom/Coventry Health Care, Inc.
PO Box 7154

City: London
State: KY
Zip: 40742

Last Updated: 3/27/2007

Contract Number: H5962
Legal Entity Name: STERLING LIFE INSURANCE COMPANY
Organization Marketing Name: Fresenius Medical Care Health Plan, Inc. - Texas
Parent Organization: Sterling Insurance Group
Organization Type: Demo
Plan Type: ESRD I - PFFS
Contract Effective Date: 1/1/2006

MA Contact: VP Compliance & Regulatory Affairs
Name: Craig A Bodway
Phone: 1-360-647-9080
Extension: 29098
Fax: 1-360-647-8632
Email: Craig.Bodway@sterlingplans.com
Address: 2219 Rimland Drive
PO Box 5348

City: Bellingham
State: WA
Zip: 98227-5348

Last Updated: 8/25/2006

Contract Number: H5969
Legal Entity Name: ALOHACARE
Organization Marketing Name: AlohaCare
Parent Organization: AlohaCare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Administrator of Plan Operations
Name: Patrick Brennan
Phone: 1-808-973-1650
Extension:
Fax: 1-808-973-0726
Email: pbrennan@alohacarehawaii.org
Address: 1357 Kapiolani Blvd., Suite 1250

City: Honolulu
State: HI
Zip: 96814

Last Updated: 7/26/2005

Contract Number: H5980
Legal Entity Name: FIDELIS SECURECARE OF TEXAS, INC.
Organization Marketing Name: Fidelis SecureCare of Texas, Inc.
Parent Organization: Fidelis SecureCare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: VP Operations and Analysis
Name: Kathy Cortez
Phone: 1-847-605-0501
Extension:
Fax: 1-847-517-1085
Email: Kathy.Cortez@fidelissc.com
Address: 1700 East Golf Road
Suite 1115

City: Schaumburg
State: IL
Zip: 60173

Last Updated: 4/10/2007

Contract Number: H5985
Legal Entity Name: ABRAZO ADVANTAGE HEALTH PLAN
Organization Marketing Name: Abrazo Advantage Health Plan
Parent Organization: Vanguard Health Systems
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2006

MA Contact: Director of Claims
Name: Michell Foster
Phone: 1-602-824-3741
Extension:
Fax: 1-602-824-3769
Email: mfooster@abrazohealth.com
Address: 7878 N. 16th St., #105

City: Phoenix
State: AZ
Zip: 85020

Last Updated: 3/9/2006

Contract Number: H5989
Legal Entity Name: COMPREHENSIVE CARE MANAGEMENT CORP.
Organization Marketing Name: Comprehensive Care Management Corp.
Parent Organization: Comprehensive Care Management Corp.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact:
Name: Richard Rosen
Phone: 1-718-944-2100
Extension:
Fax:
Email: rrosen@bethabe.org
Address: 2275 Olinville Avenue

City: Bronx
State: NY
Zip: 10467

Last Updated: 9/13/2006

Contract Number: H5991
Legal Entity Name: AFFINITY HEALTH PLAN, INC. Organization Type: Local CCP
Organization Marketing Name: Affinity Health Plan Plan Type: HMO/HMOPOS
Parent Organization: Affinity Health System Contract Effective Date: 1/1/2007

MA Contact: Director of Claims
Name: Shelli Moore
Phone: 1-718-794-5701
Extension:
Fax: 1-718-794-7858
Email: smoore@affinityplan.org
Address: 2500 Halsey Street

City: Bronx
State: NY
Zip: 10461

Last Updated: 7/5/2006

Contract Number: H5992
Legal Entity Name: SENIOR WHOLE HEALTH, LLC Organization Type: Local CCP
Organization Marketing Name: Senior Whole Health of New York Plan Type: HMO/HMOPOS
Parent Organization: Senior Whole Health, LLC Contract Effective Date: 1/1/2007

MA Contact: Director, Claims
Name: Peter Harrington
Phone: 1-617-494-5353
Extension: 6336
Fax: 1-617-494-5599
Email: pharrington@seniorwholehealth.com
Address: 58 Charles Street, 2nd Floor

City: Cambridge
State: MA
Zip: 02141

Last Updated: 2/8/2007

Contract Number: H5995
Legal Entity Name: MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE, INC. Organization Type: Local CCP
Organization Marketing Name: Marion Polk Community Health Plan Advantage Plan Type: HMO/HMOPOS
Parent Organization: Marion Polk Community Health Plan LLC Contract Effective Date: 1/1/2006

MA Contact: Chief Financial Officer
Name: Dean Andretta
Phone: 1-503-371-7701
Extension: 107
Fax: 1-503-371-8046
Email: deana@mvipa.org
Address: 245 Commercial St. SE, Ste. 200

City: Salem
State: OR
Zip: 97301

Last Updated: 8/29/2006

Contract Number: H5996
Legal Entity Name: HEALTH NET LIFE INSURANCE COMPANY, INC. Organization Type: PFFS
Organization Marketing Name: Health Net Plan Type: PFFS
Parent Organization: Health Net, Inc. Contract Effective Date: 1/1/2007

MA Contact: Vice President, Customer Experience
Name: Michael R Thomas
Phone: 1-913-985-1347
Extension:
Fax:
Email: michael.r.thomas@healthnet.com
Address: Health Net Medicare Programs
P.O. Box 870502

City: Surfside Beach
State: SC
Zip: 29587-8713

Last Updated: 4/23/2007

Contract Number: H5998
Legal Entity Name: UNISON HEALTH PLAN OF TENNESSEE, INC. Organization Type: Local CCP
Organization Marketing Name: Unison Advantage Plan Type: HMO/HMOPOS
Parent Organization: Three Rivers Health Group Contract Effective Date: 1/1/2007

MA Contact: Manager, Claims Department
Name: Nancy Heider
Phone: 1-412-858-4030
Extension:
Fax:
Email: nancy.heider@unisonhealthplan.com
Address: Unison Plaza
1001 Brinton Road
City: Pittsburgh
State: PA
Zip: 15221
Last Updated: 4/17/2007

Contract Number: H6050
Legal Entity Name: KAISER FOUNDATION HP, INC. Organization Type: 1876 Cost
Organization Marketing Name: Kaiser Foundation Health Plan, Inc. Plan Type: 1876 Cost
Parent Organization: Kaiser Permanente Contract Effective Date: 1/1/1987

MA Contact: Director, Medicare Compliance
Name: Jason Hall
Phone: 1-626-405-5333
Extension:
Fax:
Email: Jason.Hall@kp.org
Address: 393 E Walnut Street

City: Pasadena
State: CA
Zip: 91188
Last Updated: 9/13/2006

Contract Number: H6052
Legal Entity Name: KAISER FOUNDATION HP, INC. Organization Type: 1876 Cost
Organization Marketing Name: Kaiser Foundation Health Plan, Inc. Plan Type: 1876 Cost
Parent Organization: Kaiser Permanente Contract Effective Date: 1/1/1987

MA Contact: Director, Medicare Compliance
Name: Jason Hall
Phone: 1-626-405-5333
Extension:
Fax:
Email: Jason.Hall@kp.org
Address: 393 E Walnut Street

City: Pasadena
State: CA
Zip: 91188
Last Updated: 9/13/2006

Contract Number: H6053
Legal Entity Name: SANTE FE EMPLOYEES HOSPITAL ASSN. Organization Type: HCPP - 1833 Cost
Organization Marketing Name: Santa Fe Employees Hospital Association Plan Type: HCPP - 1833 Cost
Parent Organization: Sante Fe Employees Hospital Assn. Contract Effective Date: 1/1/1987

MA Contact: No contact data submitted
Name:
Phone:
Extension:
Fax:
Email:
Address:

City:
State:
Zip:
Last Updated:

Contract Number: H6140
Legal Entity Name: WABASH MEM. HOSPITAL
Organization Marketing Name: Wabash Mem. Hospital
Parent Organization: Wabash Memorial Hospital Association
Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost
Contract Effective Date: 1/1/1987

MA Contact: No contact data submitted

Name:

Phone:

Extension:

Fax:

Email:

Address:

City:

State:

Zip:

Last Updated:

Contract Number: H6141
Legal Entity Name: SIDNEY HILLMAN HC
Organization Marketing Name: Sidney Hillman HC
Parent Organization: Sidney Hillman Health Center (SHHC)
Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost
Contract Effective Date: 2/1/1983

MA Contact: No contact data submitted

Name:

Phone:

Extension:

Fax:

Email:

Address:

City:

State:

Zip:

Last Updated:

Contract Number: H6142
Legal Entity Name: UNION HEALTH SERVICES, INC.
Organization Marketing Name: Union Health Services, Inc.
Parent Organization: Union Health Services, Inc.
Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost
Contract Effective Date: 2/1/1983

MA Contact: No contact data submitted

Name:

Phone:

Extension:

Fax:

Email:

Address:

City:

State:

Zip:

Last Updated:

Contract Number: H6143
Legal Entity Name: UNION MEDICAL CENTER
Organization Marketing Name: Union Medical Center
Parent Organization: Union Medical Center
Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost
Contract Effective Date: 2/1/1983

MA Contact:

Name: Lisa R Silva

Phone: 1-312-829-0850

Extension: 336

Fax: 1-312-829-4526

Email: lisas@umcfund.com

Address: 1649 West Adams

3rd Floor

City: Chicago

State: IL

Zip: 60612

Last Updated: 9/7/2006

Contract Number: H6331
Legal Entity Name: BORO MEDICAL CENTER
Organization Marketing Name: Boro Medical, P.C.
Parent Organization: Boro Medical Center
Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost
Contract Effective Date: 1/1/1987

MA Contact: No contact data submitted

Name:

Phone:

Extension:

Fax:

Email:

Address:

City:

State:

Zip:

Last Updated:

Contract Number: H6334
Legal Entity Name: NY HOTEL TRADES COUNCIL and HOTEL ASSN OF NYC
Organization Marketing Name: NY Hotel Trades Council and Hotel Assn. of NYC
Parent Organization: NY Hotel Trades Council&Hotel Assn of NYC
Organization Type: HCPP - 1833 Cost
Plan Type: HCPP - 1833 Cost
Contract Effective Date: 1/1/1987

MA Contact: No contact data submitted

Name:

Phone:

Extension:

Fax:

Email:

Address:

City:

State:

Zip:

Last Updated:

Contract Number: H6360
Legal Entity Name: KAISER FOUNDATION HP OF OHIO
Organization Marketing Name: Kaiser Foundation Health Plan of Ohio
Parent Organization: Kaiser Permanente
Organization Type: 1876 Cost
Plan Type: 1876 Cost
Contract Effective Date: 1/1/1987

MA Contact: Project Manager

Name: Maureen Pallas

Phone: 1-216-398-3159

Extension:

Fax: 1-216-749-8426

Email: maureen.pallas@kp.org

Address: 5420 Lancaster Drive
Pharmacy Administration

City: Brooklyn Heights

State: OH

Zip: 44131

Last Updated: 9/14/2006

Contract Number: H6421
Legal Entity Name: ELDER HEALTH MID-ATLANTIC, INC.
Organization Marketing Name: Bravo by Elder Health
Parent Organization: Elder Health, Inc.
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2007

MA Contact: Assistant Vice President, Managed Care Systems

Name: Louise McCagg

Phone: 1-410-864-4566

Extension:

Fax: 1-410-864-4467

Email: louise.mccagg@elderhealth.com

Address: 3601 O'Donnell Street

City: Baltimore

State: MD

Zip: 21224

Last Updated: 5/17/2006

Contract Number: H6499
Legal Entity Name: STONE HARBOR INSURANCE COMPANY
Organization Marketing Name: WellCare
Parent Organization: WellCare Health Plans, Inc.
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2007

MA Contact: Director Pharmacy Operations
Name: Vince Geraci
Phone: 1-813-290-6200
Extension: 6208
Fax:
Email: vince.geraci@wellcare.com
Address: 8735 Henderson Rd Ren 2

City: Tampa
State: FL
Zip: 33634

Last Updated: 4/27/2007

Contract Number: H6934
Legal Entity Name: UAHC HEALTH PLAN OF TENNESSEE, INC.
Organization Marketing Name: UAHC Gold Plus
Parent Organization: UAHC HEALTH PLAN OF TENNESSEE
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Vice President of Information Systems/Customer Se
Name: Stacey Hill
Phone: 1-901-348-3311
Extension:
Fax: 1-901-348-2212
Email: shill@uahctn.com
Address: 1769 Paragon Drive
Suite 100
City: Memphis
State: TN
Zip: 38132

Last Updated: 5/18/2006

Contract Number: H7065
Legal Entity Name: GROUP HEALTH COOPERATIVE OF EAU CLAIRE
Organization Marketing Name: Wisconsin Personal Care Plan
Parent Organization: Group Health Cooperative
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Claims Manager
Name: Sandy Cramer
Phone: 1-715-852-2600
Extension:
Fax: 1-715-836-7683
Email: scramer@group-health.com
Address: 2503 N. Hillcrest Parkway

City: Altoona
State: WI
Zip: 54720

Last Updated: 3/29/2007

Contract Number: H7187
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/19/2006

Contract Number: H7226
Legal Entity Name: HARVARD PILGRIM HEALTH CARE INC. Organization Type: PFFS
Organization Marketing Name: HARVARD PILGRIM HEALTH CARE INC. Plan Type: PFFS
Parent Organization: Harvard Pilgrim Health Care Contract Effective Date: 1/1/2007

MA Contact: First Seniority Compliance Officer
Name: Michael J Comerford
Phone: 1-617-509-1411
Extension:
Fax: 1-617-509-2257
Email: Michael_Comerford@harvardpilgrim.org
Address: 1600 Crown Colony Dr

City: Quincy
State: MA
Zip: 02169

Last Updated: 3/29/2007

Contract Number: H7274
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY Organization Type: Demo
Organization Marketing Name: Evercare« Health Plans Plan Type: ESRD II - HMOPOS
Parent Organization: UHC - Pacificare Contract Effective Date: 1/1/2007

MA Contact: MA Claims processing
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 4/19/2006

Contract Number: H7289
Legal Entity Name: UNICARE LIFE AND HEALTH INSURANCE, INC. Organization Type: MSA
Organization Marketing Name: UniCare Plan Type: MSA
Parent Organization: Wellpoint, Inc. Contract Effective Date: 1/1/2007

MA Contact: Manager II, Customer Care Multi
Name: Debra Kaiser
Phone: 1-920-923-8339
Extension:
Fax:
Email: debra.kaiser@wellpoint.com

Address: 145 S. Pioneer Blvd,â
Mail Stop WIW201-FDL

City: Fon Du Lac
State: WI
Zip: 54935

Last Updated: 2/22/2007

Contract Number: H7981
Legal Entity Name: MCS LIFE INSURANCE COMPANY Organization Type: PFFS
Organization Marketing Name: MCS Classicare Plan Type: PFFS
Parent Organization: Medical Card System, Inc. Contract Effective Date: 1/1/2007

MA Contact: Special Projects Claims Director
Name: Hilda Serrano
Phone: 1-787-758-2500
Extension: 2601
Fax: 1-787-622-2473
Email: hserrano@medicalcardsystem.com
Address: PO Box 191720

City: San Juan
State: PR
Zip: 00919-1720

Last Updated: 5/22/2007

Contract Number: H8011
Legal Entity Name: AMERICAN PROGRESSIVE
Organization Marketing Name: MPower Health
Parent Organization: Universal American Financial Corporation
Organization Type: Demo
Plan Type: MSA Demo
Contract Effective Date: 1/1/2007

MA Contact: Director of Claims
Name: Darian Newman
Phone: 1-713-273-8633
Extension:
Fax: 1-713-952-7819
Email: dnewman@hhsi.com
Address: 4888 Loop Central Drive
Suite 700
City: Houston
State: TX
Zip: 77081
Last Updated: 2/12/2007

Contract Number: H8031
Legal Entity Name: GATEWAY HEALTH PLAN OF OHIO, INC.
Organization Marketing Name: Gateway Health Plan Medicare Assured
Parent Organization: Highmark Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: V.P. Operations
Name: Margaret Worek
Phone: 1-412-255-4648
Extension:
Fax:
Email: mworek@gatewayhealthplan.com
Address: 600 Grant Street, 41st Floor
City: Pittsburgh
State: PA
Zip: 15219
Last Updated: 4/21/2006

Contract Number: H8201
Legal Entity Name: METROPOLITAN HEALTH PLAN
Organization Marketing Name: Metropolitan Health Plan
Parent Organization: Metropolitan Health Plan
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2007

MA Contact: Accountant/Claims Manager
Name: Phillip Carlson
Phone: 1-612-543-3317
Extension:
Fax: 1-612-904-4264
Email: phillip.carlson@co.hennepin.mn.us
Address: 822 South Third Street
Suite 140
City: Minneapolis
State: MN
Zip: 55415
Last Updated: 1/4/2007

Contract Number: H8742
Legal Entity Name: ABRI HEALTH PLAN, INC
Organization Marketing Name: Today's Health
Parent Organization: Universal American Financial Corporation
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Director, Claims
Name: Darian Newman
Phone: 1-713-273-8633
Extension:
Fax: 1-713-952-7819
Email: dnewman@hhsi.com
Address: 4888 Loop Central Drive
Suite 700
City: Houston
State: TX
Zip: 77081
Last Updated: 2/12/2007

Contract Number: H9001
Legal Entity Name: FALLON COMMUNITY HEALTH PLAN
Organization Marketing Name: Fallon Community Health Plan
Parent Organization: Fallon Community Health Plan
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 4/1/1980

MA Contact: Director-Claims Administration
Name: Frank Mausolf
Phone: 1-800-333-2535
Extension: 69191
Fax:
Email: frank.mausolf@fchp.org
Address: One Chestnut Place
10 Chestnut Street
City: Worcester
State: MA
Zip: 01608
Last Updated: 10/13/2006

Contract Number: H9003
Legal Entity Name: KAISER FOUNDATION HP OF THE N W
Organization Marketing Name: Kaiser Foundation Health Plan of the NW
Parent Organization: Kaiser Permanente
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 4/1/1980

MA Contact: MMA/Document Intake Supervisor
Name: Keith Mathias
Phone: 1-503-813-2315
Extension:
Fax:
Email: Keith.I.Mathias@kp.org
Address: 500 NE Multnomah, #100
City: Portland
State: OR
Zip: 97232
Last Updated: 3/22/2007

Contract Number: H9005
Legal Entity Name: GROUP HEALTH PLAN, INC.
Organization Marketing Name: HealthPartners
Parent Organization: HealthPartners
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 5/1/1984

MA Contact: Senior Manager Claims
Name: Eric W Johnson
Phone: 1-952-967-7380
Extension:
Fax:
Email: eric.w.johnson@healthpartners.com
Address: 8170 33rd Avenue South
PO Box 1309
City: Minneapolis
State: MN
Zip: 55440-1309
Last Updated: 6/26/2006

Contract Number: H9011
Legal Entity Name: UNITED HEALTHCARE OF FLORIDA INC.
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - PacifiCare
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 10/1/1982

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive
City: Eau Claire
State: WI
Zip: 54701
Last Updated: 8/4/2005

Contract Number: H9047
Legal Entity Name: PROVIDENCE HEALTH PLAN
Organization Marketing Name: Providence Health Plan
Parent Organization: Providence Health System
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 12/1/1985

MA Contact: Manager
Name: Jane Hooper
Phone: 1-503-574-5922
Extension:
Fax:
Email: jane.hooper@providence.org
Address: 3601 SW Murray Blvd

City: Beaverton
State: OR
Zip: 97005

Last Updated: 3/22/2006

Contract Number: H9101
Legal Entity Name: ELDERPLAN, INC. - SHMO
Organization Marketing Name: Elderplan, Inc.
Parent Organization: Metropolitan Jewish Health System (MJHS)
Organization Type: Demo
Plan Type: SHMO
Contract Effective Date: 3/1/1985

MA Contact: AVP Claims & Technical Services
Name: Laurissa Burns
Phone: 1-718-921-7615
Extension:
Fax: 1-718-759-4034
Email: lburns@mjhs.org
Address: 6323 Seventh Avenue

City: Brooklyn
State: NY
Zip: 11220

Last Updated: 2/21/2007

Contract Number: H9103
Legal Entity Name: KAISER FOUNDATION HP OF THE N W
Organization Marketing Name: Kaiser Foundation Health Plan of the NW
Parent Organization: Kaiser Permanente
Organization Type: Demo
Plan Type: SHMO
Contract Effective Date: 3/1/1985

MA Contact: MMA/Document Intake Supervisor
Name: Keith I Mathias
Phone: 1-503-813-2315
Extension:
Fax:
Email: Keith.I.Mathias@kp.org
Address: 500 NE Multnomah, #100

City: Portland
State: OR
Zip: 97232

Last Updated: 3/22/2007

Contract Number: H9104
Legal Entity Name: SCAN HEALTH PLAN
Organization Marketing Name: SCAN Health Plan
Parent Organization: SCAN Health Plan, Inc.
Organization Type: Demo
Plan Type: SHMO
Contract Effective Date: 3/1/1985

MA Contact: Vice President, Claims
Name: Allen Freymuth
Phone: 1-562-989-5100
Extension:
Fax: 1-562-989-5215
Email: afreymuth@scanhealthplan.com
Address: 3800 Kilroy Airport Way
Suite 100

City: Long Beach
State: CA
Zip: 90806

Last Updated: 5/9/2006

Contract Number: H9136
Legal Entity Name: MEDICARE ULTRA, INC.
Organization Marketing Name: Health Medicare Ultra
Parent Organization: Medicare Ultra, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Chief Financial Officer
Name: Marisol González
Phone: 1-787-262-5511
Extension:
Fax: 1-787-262-5511
Email: indremar@yahoo.com
Address: PO Box 5000
PMB 426
City: Camuy
State: PR
Zip: 00627-5000
Last Updated: 6/1/2007

Contract Number: H9313
Legal Entity Name: MEDICAL MUTUAL OF OHIO
Organization Marketing Name: Advantage Plans from Medical Mutual of Ohio
Parent Organization: MEDICAL MUTUAL OF OHIO
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Vice President, Statewide Operations
Name: Sue Parsil
Phone: 1-419-473-7844
Extension:
Fax:
Email: sue.parsil@mmoh.com
Address: 2060 East Ninth Street
City: Cleveland
State: OH
Zip: 44115
Last Updated: 5/17/2006

Contract Number: H9385
Legal Entity Name: SCAN HEALTH PLAN OF ARIZONA
Organization Marketing Name: SCAN Health Plan Arizona
Parent Organization: SCAN Health Plan, Inc.
Organization Type: Local CCP
Plan Type: HMO/HMOPOS
Contract Effective Date: 1/1/2007

MA Contact: Vice President, Claims
Name: Allen Freymuth
Phone: 1-562-989-5100
Extension:
Fax: 1-562-989-5215
Email: afreymuth@scanhealthplan.com
Address: 3800 Kilroy Airport Way
Suite 100
City: Long Beach
State: CA
Zip: 90806
Last Updated: 5/9/2006

Contract Number: H9519
Legal Entity Name: INDEPENDENT HEALTH BENEFITS CORPORATION
Organization Marketing Name: Independent Health
Parent Organization: Independent Health Benefits Corporation
Organization Type: PFFS
Plan Type: PFFS
Contract Effective Date: 1/1/2007

MA Contact: Product Administrator, Medicare
Name: Carleen Dunne
Phone: 1-716-635-7865
Extension:
Fax: 1-716-250-7197
Email: cdunne@independenthealth.com
Address: 511 Farber Lakes Drive
City: Buffalo
State: NY
Zip: 14221
Last Updated: 4/24/2006

Contract Number: H9859
Legal Entity Name: MVP HEALTH PLAN, INC, Organization Type: Local CCP
Organization Marketing Name: MVP Gold Plan Type: HMO/HMOPOS
Parent Organization: MVP HEALTH PLAN, INC. Contract Effective Date: 1/1/2007

MA Contact: Manager, Claims
Name: Kellie Traver
Phone: 1-585-327-2529
Extension:
Fax:
Email: ktraver@preferredcare.org
Address: 259 Monroe Avenue

City: Rochester
State: NY
Zip: 14607

Last Updated: 8/24/2006

Contract Number: H9984
Legal Entity Name: GOLDEN CROSS HMO HEALTH PLAN CORPORATION Organization Type: Local CCP
Organization Marketing Name: Viva Salud! Medicare Advantage Plan Type: HMO/HMOPOS
Parent Organization: Golden Cross HMO Contract Effective Date: 1/1/2007

MA Contact: MIS ASSISTANT
Name: WALTER THEUT
Phone: 1-787-724-6565
Extension:
Fax: 1-787-721-5028
Email: hfmspr@yahoo.com
Address: 150 DE DIEGO AVE
SAN JUAN HEALTH CENTRE SUITE 504

City: SAN JUAN
State: PR
Zip: 00907

Last Updated: 5/18/2006

Contract Number: R3175
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY Organization Type: Regional CCP
Organization Marketing Name: SecureHorizons Plan Type: Regional PPO
Parent Organization: UHC - Pacificare Contract Effective Date: 1/1/2006

MA Contact:
Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/4/2005

Contract Number: R3444
Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO. Organization Type: Regional CCP
Organization Marketing Name: Care Improvement Plus Plan Type: Regional PPO
Parent Organization: XLHealth Corporation Contract Effective Date: 1/1/2007

MA Contact: Senior Director of Operations, CIP Group
Name: Austin Ifedirah
Phone: 1-443-872-3033
Extension:
Fax: 1-410-625-2244
Email: aifedirah@xlhealth.com
Address: 351 West Camden Street
Suite 100

City: Baltimore
State: MD
Zip: 21207

Last Updated: 6/4/2007

Contract Number: R5287
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY
Organization Marketing Name: SecureHorizons by UnitedHealthcare
Parent Organization: UHC - Pacificare
Organization Type: Regional CCP
Plan Type: Regional PPO
Contract Effective Date: 1/1/2006

MA Contact:

Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/4/2005

Contract Number: R5342
Legal Entity Name: UNITED HEALTHCARE INSURANCE COMPANY OF NEW YORK
Organization Marketing Name: SecureHorizons
Parent Organization: UHC - Pacificare
Organization Type: Regional CCP
Plan Type: Regional PPO
Contract Effective Date: 1/1/2006

MA Contact:

Name: Leslie Sheldon
Phone: 1-715-858-2295
Extension:
Fax:
Email: leslie_k_sheldon@uhc.com
Address: 2725 Mall Drive

City: Eau Claire
State: WI
Zip: 54701

Last Updated: 8/3/2005

Contract Number: R5553
Legal Entity Name: INSTIL HEALTH INSURANCE COMPANY
Organization Marketing Name: InStil Health Insurance Company
Parent Organization: BlueCross BlueShield of South Carolina (BCBSSC)
Organization Type: Regional CCP
Plan Type: Regional PPO
Contract Effective Date: 1/1/2006

MA Contact: Contracts & Administration

Name: Dee A Yurko
Phone: 1-803-763-5888
Extension:
Fax: 1-803-935-1411
Email: Dee.Yurko@myinstil.com
Address: 17 Technology Circle

City: Columbia
State: SC
Zip: 29203

Last Updated: 6/8/2006

Contract Number: R5566
Legal Entity Name: BLUE CROSS BLUE SHIELD NORTHERN PLAINS ALLIANCE
Organization Marketing Name: Blue Cross Blue Shield Northern Plains Alliance
Parent Organization: Wellmark, Inc
Organization Type: Regional CCP
Plan Type: Regional PPO
Contract Effective Date: 1/1/2006

MA Contact:

Name: Cathy Birkholz
Phone: 1-651-662-9415
Extension:
Fax: 1-651-662-9415
Email: cathy_a_birkholz@bluecrossmn.com
Address: Blue Cross and Blue Shield of Minnesota
3400 Yankee Drive, R337

City: Eagan
State: MN
Zip: 55121

Last Updated: 5/17/2007

Contract Number: R5595
Legal Entity Name: AETNA LIFE INSURANCE COMPANY
Organization Marketing Name: Aetna Medicare
Parent Organization: Aetna Inc.
Organization Type: Regional CCP
Plan Type: Regional PPO
Contract Effective Date: 1/1/2006

MA Contact: Head of Regulatory Mgmt & Claims Services

Name: Rhonda Arvin
Phone: 1-405-794-7040

Extension:

Fax: 1-860-262-9642

Email: ArvinRG@aetna.com

Address: 3030 Northwest Expressway
MS F714

City: Oklahoma City

State: OK

Zip: 73101

Last Updated: 4/6/2007

Contract Number: R5674
Legal Entity Name: SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
Organization Marketing Name: Sierra Nevada Spectrum
Parent Organization: Sierra Health Services, Inc.
Organization Type: Regional CCP
Plan Type: Regional PPO
Contract Effective Date: 1/1/2006

MA Contact: Director, Health Informatics

Name: Alejandro Corral
Phone: 1-702-242-7215

Extension:

Fax:

Email: vargas@sierrahealth.com

Address: 2716 N. Tenaya Way

City: Las Vegas

State: NV

Zip: 89128

Last Updated: 10/18/2006

Contract Number: R5826
Legal Entity Name: HUMANA INSURANCE COMPANY
Organization Marketing Name: Humana Insurance Company
Parent Organization: Humana Inc.
Organization Type: Regional CCP
Plan Type: Regional PPO
Contract Effective Date: 1/1/2006

MA Contact:

Name: Pamela Wilson
Phone: 1-502-580-4854

Extension:

Fax: 1-502-580-7370

Email: pwilson@humana.com

Address: 500 West Main Street

City: Louisville

State: KY

Zip: 40202

Last Updated: 2/14/2006

Contract Number: R5863
Legal Entity Name: HEALTH NET LIFE INSURANCE COMPANY
Organization Marketing Name: Health Net
Parent Organization: Health Net, Inc.
Organization Type: Regional CCP
Plan Type: Regional PPO
Contract Effective Date: 1/1/2006

MA Contact: Director, Claims

Name: Silvia Hay
Phone: 1-203-402-6141

Extension:

Fax:

Email: Silvia.hay@healthnet.com

Address: Health Net of Arizona Claims - ACS/Health Net
P.O. Box 14225

City: Lexington

State: KY

Zip: 40512-4225

Last Updated: 4/23/2007

Contract Number: R5941
Legal Entity Name: ANTHEM INSURANCE COMPANIES, INC. Organization Type: Regional CCP
Organization Marketing Name: Anthem Blue Cross and Blue Shield Plan Type: Regional PPO
Parent Organization: Wellpoint, Inc. Contract Effective Date: 1/1/2006

MA Contact: Program Manager
Name: Virginia Breeden
Phone: 1-513-336-5301
Extension:
Fax: 1-513-336-3654
Email: virginia.breeden@anthem.com
Address: 4361 Irwin Simpson Road
Mailstop OH0102-C535
City: Mason
State: OH
Zip: 45040-9498
Last Updated: 3/1/2007

Contract Number: R6801
Legal Entity Name: CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY Organization Type: Regional CCP
Organization Marketing Name: Care Improvement Plus Plan Type: Regional PPO
Parent Organization: XLHealth Corporation Contract Effective Date: 1/1/2007

MA Contact: Senior Director of Operations, CIP Group
Name: Austin Ifedirah
Phone: 1-443-872-3033
Extension:
Fax: 1-410-244-0092
Email: aifedirah@xlhealth.com
Address: 250 West Pratt Street
Suite 200
City: Baltimore
State: MD
Zip: 21201
Last Updated: 6/4/2007

Contract Number: R9896
Legal Entity Name: CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO Organization Type: Regional CCP
Organization Marketing Name: Care Improvement Plus Plan Type: Regional PPO
Parent Organization: XLHealth Corporation Contract Effective Date: 1/1/2007

MA Contact: Director of the Special Needs Plan
Name: Austin Ifedirah
Phone: 1-443-872-3033
Extension:
Fax: 1-410-625-2244
Email: aifedirah@xlhealth.com
Address: 351 West Camden Street
Suite 100
City: Baltimore
State: MD
Zip: 21201
Last Updated: 6/11/2007

Contract Number: R9943
Legal Entity Name: BC LIFE and HEALTH INSURANCE COMPANY Organization Type: Regional CCP
Organization Marketing Name: BC LIFE & HEALTH INSURANCE COMPANY Plan Type: Regional PPO
Parent Organization: Wellpoint, Inc. Contract Effective Date: 1/1/2006

MA Contact: Manager II, Customer Care Multi
Name: Debra Kaiser
Phone: 1-920-923-8339
Extension:
Fax:
Email: debra.kaiser@wellpoint.com
Address: 145 S. Pioneer Blvd,â
Mail Stop WIW201-FDL
City: Fon Du Lac
State: WI
Zip: 54935
Last Updated: 2/22/2007