

# Fax and Appeals Submission Contact Information

*Disclaimer: The following information has been provided by AUC Payer Members in efforts to provide further assistance with electronic connectivity. This information is subject to change.*

Payer	Attachment Fax	Attachment Mailing Address	Appeals Fax	Appeals Mailing Address
<b>Aetna</b>	859-455-8650	PO Box 981106 El Paso, TX 79998-1106	859-455-8650	Provider Resolution Team PO Box 14020 Lexington, KY 40512
<b>Aetna Dental</b>	859-455-8650	PO Box 14094 Lexington, KY 40512-4094	859-455-8650	Aetna Complaints and Appeals PO Box 14597 Lexington, KY 40512
<b>Blue Cross Blue Shield Minnesota and Blue Plus</b> (Medicaid, MNCare, MSHO)	800-793-6928	Blue Cross PO Box 982816 El Paso, TX 79998-2805	651-662-6288	Blue Cross PO Box 982816 El Paso, TX 79998-2805
<b>Blue Cross Blue Shield Minnesota and Blue Plus Blue Ride</b>	N/A	N/A	651-662-9290	Blue Cross Blue Shield of Minnesota PO Box 982800 El Paso, TX 79998-2800
<b>Blue Cross Blue Shield Minnesota and Blue Plus</b> (Commercial, CCStpa, BlueLink TPA)	800-793-6928	Blue Cross PO Box 982805 El Paso, TX 79998-2805	651-662-2745	Blue Cross PO Box 982800 El Paso, TX 79998-2800
<b>Delta Dental of Minnesota</b>	866-516-5616	PO Box 9120 Farmington Hills, MI 48333-9120	N/A	PO Box 9124 Farmington Hills, MI 48333-9124
<b>HealthPartners - Health Plan - Dental</b>	952-853-8861	HealthPartners Dental Claims PO Box 1172 Minneapolis, MN 55440-1172	952-883-5160	PO Box 1172 Minneapolis, MN 55440-1172
<b>HealthPartners - Health Plan - Medical</b>	952-853-8860	PO Box 1289 Minneapolis, MN 55440-1289	651-265-1230	PO Box 1289 Minneapolis, MN 55440-1289
<b>Hennepin Health</b>	612-321-3781	Attn: Fiscal 300 South Sixth Street, MC 604 Minneapolis, MN 55487-0604  ATTACHMENT FAX# - Nursing Facility PMAP Forms, Certified Patient Assessment (CPA) & Rule 25 Assessment forms, Refund Requests, and Subrogation required for claims processing to the Fiscal Area at 612-321-3781.	612-321-3786	Attn: Claim 300 South Sixth Street, MC 604 Minneapolis, MN 55487-0604  CLAIMS FAX# – Claim Adjustment Requests, Claim Reconsideration Requests, Medical Records and all other documentation required for claim reconsiderations to the Claims Area at 612-321-3786.
<b>Itasca Medical Care</b>	218-327-5545	1219 SE 2 <sup>nd</sup> Ave Grand Rapids, MN 55744	218-327-5545	1219 SE 2 <sup>nd</sup> Ave Grand Rapids, MN 55744
<b>Mayo Clinic Health Solutions</b>	855-619-0010	4001 41st Street NW Rochester, MN 55901-8901	855-619-0010	4001 41st Street NW Rochester, MN 55901-8901

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<b>Medica Behavioral Health</b>	248-733-6085	PO Box 30757 Salt Lake City, UT 84130-0757	248-733-6085	PO Box 30757 Salt Lake City, UT 84130-0757
<b>Medica Health Plan</b>	801-994-1076	PO Box 30990 Salt Lake City, UT 84130	801-994-1076	PO Box 30990 Salt Lake City, UT 84130
<b>Medica2 Health Plan</b>	952-992-1427	PO Box 981647 El Paso, TX 79998-1647	952-992-1427	CW 299 PO Box 9310 Minneapolis, MN 55440-9310
<b>Medica Health Plan Solutions</b> (formerly MMSI) <ul style="list-style-type: none"> <li>• Medica Health Plan Solutions</li> <li>• Mayo Medical Plan</li> </ul>	952-992-3024	PO Box 211435 Eagan, MN 55121	952-992-3024	PO Box 211435 Eagan, MN 55121
<b>Minnesota Department of Human Services</b>	651-431-7786	DHS does not accept mailed Appeal form and attachments.	N/A	It is the preferred practice to call the Call Center at: 800-366-5411 or 651-431-2700.
<b>Minnesota Department of Labor and Industry – Special Compensation Fund</b>	651-215-9909	PO Box 64229 St. Paul, MN 55164-0229	651-215-9909	PO Box 64229 St. Paul, MN 55164-0229
<b>PreferredOne</b>	763-847-4010	If sending attachments via mail, please refer to the mailing address on the patient's ID card.	763-847-4010	Appeals should be faxed to the PreferredOne Provider Relations Representative. If that individual is not identified, appeals may be faxed to 763-847-4010.
<b>PrimeWest Health</b>	320-762-1805	Attn: Claims 3905 Dakota Street Alexandria, MN 56308	320-335-5285	Attn: Provider Appeals 3905 Dakota Street Alexandria, MN 56308
<b>Sanford Health Plan</b>	605-328-6840	PO Box 91110 Sioux Falls, SD 57109-1110	605-328-6811	PO Box 91110 Sioux Falls, SD 57109-1110
<b>South Country Health Alliance</b>	888-633-4056	N/A	888-633-4057	N/A
<b>UCare Minnesota</b>	612-884-2261	Attn: Claims PO Box 405 Minneapolis, MN 55440-0405	612-884-2186	Attn: Claims PO Box 405 Minneapolis, MN 55440-0405
<b>UnitedHealthcare</b>	Please visit <a href="http://uhcprovider.com">uhcprovider.com</a> Sign in and click "Claims"	UnitedHealthcare Community Plan Attn: Appeals and Grievances Unit PO Box 31364 Salt Lake City, UT 84131-0364  Contact: Provider Services (877) 440-9946	Please visit <a href="http://uhcprovider.com">uhcprovider.com</a> Sign in and click "Claims"	UnitedHealthcare Community Plan Attn: Appeals and Grievances Unit PO Box 31364 Salt Lake City, UT 84131-0364  Contact: Provider Services (877) 440-9946