

# 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 AmeriGroup</b> (Medicaid, MNCare, MSHO)	833-224-6929	AmeriGroup PO Box 64033 St. Paul, MN 55164-4033	833-224-6929	AmeriGroup PO Box 64033 St. Paul, MN 55164-4033
<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 1328 Minneapolis, MN 55440-1328	N/A	PO Box 9458 Minneapolis, MN 55440-9458
<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 400 South Fourth St, Suite 201 Minneapolis, MN 55415  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 400 South Fourth St, Suite 201 Minneapolis, MN 55415  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>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
<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

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<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 763-847-4851.
<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>United Health Group: OptumHealth - Behavioral</b>	248-733-6085	PO Box 30755 Salt Lake City, UT 84130-0755	248-733-6085	PO Box 30755 Salt Lake City, UT 84130-0755
<b>United Health Group: OptumHealth - Complex Med</b>	N/A	PO Box 30758 Salt Lake City, UT 84130	N/A	PO Box 30758 Salt Lake City, UT 84130
<b>United Health Group: OptumHealth – Physical Health</b>	763-595-3333	UnitedHealthcare PO Box 212 Minneapolis, MN 55440-0212	763-595-3333	PO Box 212 Minneapolis, MN 55440-0212
<b>United Health Group: UnitedHealthcare - Medical</b>	801-994-1076	PO Box 30555 Salt Lake City, UT 84130	801-994-1076	PO Box 30555 Salt Lake City, UT 84130