

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
Aetna	859-455-8650	PO Box 981106 El Paso, TX 79998-1106	859-455-8650	Provider Resolution Team PO Box 14020 Lexington, KY 40512
Aetna Dental	859-455-8650	PO Box 14094 Lexington, KY 40512-4094	859-455-8650	Aetna Complaints and Appeals PO Box 14597 Lexington, KY 40512
Blue Cross Blue Shield Minnesota and Blue Plus AmeriGroup (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
Blue Cross Blue Shield Minnesota and Blue Plus Blue Ride	N/A	N/A	651-662-9290	Blue Cross Blue Shield of Minnesota PO Box 982800 El Paso, TX 79998-2800
Blue Cross Blue Shield Minnesota and Blue Plus (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
Delta Dental of Minnesota	866-516-5616	PO Box 1328 Minneapolis, MN 55440-1328	N/A	PO Box 9458 Minneapolis, MN 55440-9458
HealthPartners - Health Plan - Dental	952-853-8861	HealthPartners Dental Claims PO Box 1172 Minneapolis, MN 55440-1172	952-883-5160	PO Box 1172 Minneapolis, MN 55440-1172
HealthPartners - Health Plan - Medical	952-853-8860	PO Box 1289 Minneapolis, MN 55440-1289	651-265-1230	PO Box 1289 Minneapolis, MN 55440-1289
Hennepin Health	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.
Mayo Clinic Health Solutions	855-619-0010	4001 41st Street NW Rochester, MN 55901-8901	855-619-0010	4001 41st Street NW Rochester, MN 55901-8901
Medica Behavioral Health	248-733-6085	PO Box 30757 Salt Lake City, UT 84130-0757	248-733-6085	PO Box 30757 Salt Lake City, UT 84130-0757
Medica Health Plan	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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Medica2 Health Plan	952-992-1427	PO Box 981647 El Paso, TX 79998-1647	952-992-1427	CW 299 PO Box 9310 Minneapolis, MN 55440-9310
Medica Health Plan Solutions (formerly MMSI) <ul style="list-style-type: none"> • Medica Health Plan Solutions • Mayo Medical Plan 	952-992-3024	PO Box 211435 Eagan, MN 55121	952-992-3024	PO Box 211435 Eagan, MN 55121
Minnesota Department of Human Services	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.
Minnesota Department of Labor and Industry – Special Compensation Fund	651-215-9909	PO Box 64229 St. Paul, MN 55164-0229	651-215-9909	PO Box 64229 St. Paul, MN 55164-0229
PreferredOne	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.
PrimeWest Health	320-762-1805	Attn: Claims 3905 Dakota Street Alexandria, MN 56308	320-335-5285	Attn: Provider Appeals 3905 Dakota Street Alexandria, MN 56308
Sanford Health Plan	605-328-6840	PO Box 91110 Sioux Falls, SD 57109-1110	605-328-6811	PO Box 91110 Sioux Falls, SD 57109-1110
South Country Health Alliance	888-633-4056	N/A	888-633-4057	N/A
UCare Minnesota	612-884-2261	Attn: Claims PO Box 405 Minneapolis, MN 55440-0405	612-884-2186	Attn: Claims PO Box 405 Minneapolis, MN 55440-0405
UnitedHealthcare	Please visit uhcprovider.com Sign in and click "Claims"	UnitedHealthcare Community Plan Attn: Appeals and Grievances Unit P.O. Box 31364 Salt Lake City, UT 84131-0364 Contact: Provider Services (877) 440-9946	Please visit uhcprovider.com Sign in and click "Claims"	UnitedHealthcare Community Plan Attn: Appeals and Grievances Unit P.O. Box 31364 Salt Lake City, UT 84131-0364 Contact: Provider Services (877) 440-9946