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 (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
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 9120 Farmington Hills, MI 48333-9120	N/A	PO Box 9124 Farmington Hills, MI 48333-9124
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 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.
Itasca Medical Care	218-327-5545	1219 SE 2nd Ave Grand Rapids, MN 55744	218-327-5545	1219 SE 2nd Ave Grand Rapids, MN 55744
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

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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
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) • 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	443 Lafayette Road N St. Paul, MN 55155	651-215-9909	443 Lafayette Road N St. Paul, MN 55155
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 763-847-4010.
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 PO 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 PO Box 31364 Salt Lake City, UT 84131-0364 Contact: Provider Services (877) 440-9946