

Medicare Administrator Contractor (MAC) Jurisdiction 4 Medicare Part A Oklahoma Contact Directory

Effective March 1, 2008

TrailBlazer Operations	Contact Information
TrailBlazer Physical Address	<p>TrailBlazer Health Enterprises, LLC 8330 LBJ Freeway Executive Center III Dallas, Texas 75243-1213</p> <p>Hard copy claims, enrollment applications and other correspondence may be sent to this address if commercial courier is used.</p> <p>To ensure proper delivery, information sent to the physical address must include "ATTN: Department Name."</p>
Part A Customer Service Provider Contact Center (PCC)	<p>Interactive Voice Response (IVR) (877) 567-3094</p> <p>Hours of Operation: Monday – Friday 6:30 a.m. – 6 p.m. Saturday* 7 a.m. – 1 p.m. <i>(all service areas)</i> <i>*Unavailable first Saturday following the third Friday of the month.</i></p> <p>TrailBlazer offers an Interactive Voice Response (IVR) system, which is a self-service tool that allows providers quick and easily access to most Medicare information. Claim status, patient eligibility, last three checks, redetermination status and general information can all be accessed through the IVR.</p> <p>Customer Service Representatives (CSRs)</p>

(877) 567-3094

Hours of Operation:

Monday – Friday 8 a.m. – 4 p.m.

(all areas served)

CSRs can be reached by pressing 0 from the Main Menu and claims status section.

TTY

(877) 518-3576

Hours of Operation:

Monday – Friday 8 a.m. – 4 p.m.

(all areas served)

A Text Telephone (TTY) is a special device permitting hard of hearing or speech-impaired individuals to use the telephone, by allowing them to type messages back and forth to one another instead of talking and listening. (A TTY is required at both ends of the conversation in order to communicate.)

Electronic Inquiries

Direct all Part A electronic inquiries to parta.J4@trailblazerhealth.com.

Fax Inquiries

(469) 372-8933

Direct all Part A faxed inquiries to the number above.

Note: *Protected Health Information (PHI) should not be sent in e-mail or fax inquiries. PHI information should be mailed or addressed in a call to the PCC.*

Written Inquiries

Direct all Part A written inquiries to the address below:

TrailBlazer Health Enterprises, LLC
Part A Correspondence
P.O. Box 650713
Dallas, TX 75265-0713

Freedom of Information Act (FOIA) Inquiries

Direct all Part A FOIA requests to the address below:

TrailBlazer Health Enterprises, LLC
ATTN: Freedom of Information
P.O. Box 650713

	Dallas, TX 75265-0713
Part A Provider Outreach and Education (POE)	<p>(877) 567-3094</p> <p>Providers are requested to direct any requests for educational support to the Part A Customer Service Contact Center number above. A Provider Relations Specialist will return your call as soon as possible.</p> <p>Providers may also e-mail educational requests or comments to parta.J4@trailblazerhealth.com</p>
Part A Claims/RTPs	<p>TrailBlazer Health Enterprises, LLC Medicare Part A Claims P.O. Box 650712 Dallas, Texas 75265-0712</p> <p>Hard copy claims should be mailed to the address above.</p>
Part A Redeterminations	<p>TrailBlazer Health Enterprises, LLC Part A Redeterminations P.O. Box 650713 Dallas, TX 75265-0713</p> <p>Part A Redeterminations may be mailed to the address above.</p>
Part A Provider Enrollment	<p>Message Line (866) 528-1603</p> <p>Hours of Operation: Monday – Thursday 8 a.m. – 4 p.m. CT Friday 8 a.m. – 3 p.m. CT</p> <p><i>The Part A Provider Enrollment Phone line is a voice message mail box only. When leaving a message, be sure to include a name/provider number, where appropriate, telephone number, and detail the general nature of the call. An analyst will return all calls within two business days of receipt.</i></p> <p>TrailBlazer Health Enterprises, LLC Provider Enrollment P.O. Box 650458 Dallas, TX 75265-0458</p>

<p>Electronic Data Interchange (EDI)</p>	<p>(866) 749-4302 Fax (410) 683-2937</p> <p>Hours of Operation: 8 a.m. – 6 p.m. (ET)</p> <p>General questions relating to electronic billing enrollment and claim receipt. Specific questions relating to EDI specifications, explanations of front-end claim rejections, software testing, Medicare’s free software (Pro 32), 276/277 claim status inquiries, online inquiry software navigation and connectivity questions, and status of EDI enrollment.</p> <p>Mailing Address: TrailBlazer Health Enterprises, LLC Electronic Data Interchange P.O. Box 4898 Timonium, MD 21093</p> <p>Physical Address: TrailBlazer Health Enterprises, LLC Electronic Data Interchange 1954 Greenspring Drive Suite 600 Timonium, MD 21093</p>
<p>ERA/EFT Administrative Simplification Compliance Act (ASCA)</p>	<p>(469) 372-1441 (469) 372-0446 Fax (469) 372-1555</p> <p>Questions relating to Electronic Remittance Advice (ERA), Electronic Funds Transfer (EFT), PC-Print software and ERA/EFT enrollment.</p> <p>TrailBlazer Health Enterprises, LLC ATTN: EFT/ERA Department P.O. Box 650626 Dallas, Texas 75265-0626</p>
<p>Provider Audit & Reimbursement</p>	<p>TrailBlazer Health Enterprises, LLC ATTN: Manager, Cost Report Appeals/Audit and Reimbursement Division P.O. Box 660263 Dallas, TX 75266-0263</p>
<p>Credit Balance Reporting</p>	<p>TrailBlazer Health Enterprises, LLC Medicare Part A Credit Balance P.O. Box 650005 Dallas, TX 75265-0005</p>

Part A Medical Records	TrailBlazer Health Enterprises, LLC Medicare Part A Medical Records P.O. Box 650694 Dallas, Texas 75265-0694
Part A Demanded and Voluntary Refunds	<p>Part A Demanded Refunds: TrailBlazer Health Enterprises, LLC Part A Reimbursement Reporting P.O. Box 845880 Dallas, Texas 75284-5880</p> <p>Part A Voluntary Refunds: TrailBlazer Health Enterprises, LLC Part A Voluntary Refund 3101 S. Woodlawn Denison, Texas 75020</p>
CMS Medicare Eligibility Integration Contractor (MEIC)	(866) 324-7315 Questions relating to 270/271 patient eligibility HIPAA transactions.
J4 MAC Post-Implementation Issues	<p>J4MAC@trailblazerhealth.com</p> <p>TrailBlazer will accept all inquiries regarding post-cutover issues via the above e-mail address following each state-specific J4 implementation date. Direct any issues, processing differences or concerns to the e-mail address above. Each inquiry will be tracked and assigned to the responsible areas, and providers will receive a response as soon as possible.</p>
Provider Feedback Comment Line	<p>TrailBlazer welcomes provider suggestions and comments on our services. Feedback received on this line is reviewed by management on a regular basis. Providers are encouraged to leave their name and telephone number/e-mail address if they would like to provide more detail or prefer a return call (calls will be returned in 5 to 10 business days).</p> <p>Provider Feedback Line (866) 237-4483 (toll-free) Option 2 provider.feedback@trailblazerhealth.com</p> <p><i>All information shared is confidential.</i></p>