

**Medicare Administrative Contractor (MAC)  
Jurisdiction 4  
Part B Colorado Providers  
Contact Directory  
Effective March 21, 2008**

TrailBlazer Operations	Contact Information
<b>TrailBlazer Physical Address</b>	<p>TrailBlazer Health Enterprises, LLC 8330 LBJ Freeway Executive Center III Dallas, Texas 75243-1213</p> <p><b>Hard copy claims, enrollment applications and other correspondence may be sent to this address if commercial courier is used.</b></p> <p><b>To ensure proper delivery, information sent to the physical address must include “ATTN: Department Name.”</b></p>
<b>Part B Customer Service Provider Contact Center (PCC)</b>	<p><b>Interactive Voice Response (IVR) (877) 567-9230</b> Monday – Friday 6:30 a.m. – 6 p.m. <i>(all service areas)</i></p> <p>Eligibility, deductibles, remittance notice claim denials, claim crossover issues and other general claims information.</p> <p><b>Customer Service Representatives (CSRs) (866) 280-6520</b></p> <p><b>Hours of Operation:</b> Monday – Friday 8 a.m. – 4 p.m. <i>(all service areas)</i></p> <p>Complex inquiries that cannot be handled by the IVR and requests for education and training support.</p>

	<p><b>TTY</b>  <b>(866) 566-9163</b>  <b>Hours of Operation:</b>  Monday – Friday 8 a.m. – 4 p.m.  <i>(all service areas)</i></p> <p>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.)</p> <p><b>Written Inquiries</b>  Direct all Part B written inquiries to:</p> <p>TrailBlazer Health Enterprises, LLC  Part B Correspondence  P.O. Box 650717  Dallas, TX 75265-0717</p> <p><b>Freedom of Information Act (FOIA) Inquiries</b>  Direct all Part B FOIA requests to the address below:</p> <p>TrailBlazer Health Enterprises, LLC  Part B Correspondence  P.O. Box 650717  Dallas, TX 75265-0717</p> <p><b>Electronic Inquiries</b>  Direct all Part B electronic inquiries to:  <a href="mailto:partb.j4@trailblazerhealth.com">partb.j4@trailblazerhealth.com</a></p> <p><b>Fax Inquiries:</b>  Direct all Part B faxed inquiries to:  <b>(903) 463-9207</b></p> <p><i><b>Note:</b> Because e-mail and fax inquiries are not a secure method of communication, Protected Health Information (PHI) should not be sent in e-mail or fax inquiries. PHI should be mailed or addressed in a call to the PCC.</i></p>
<p><b>Part B Provider Outreach and Education (POE)</b></p>	<p><b>(866) 280-6520</b>  Providers are requested to direct any questions for educational support to the Part B 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 issues/concerns or comments to <a href="mailto:partb.educ@trailblazerhealth.com">partb.educ@trailblazerhealth.com</a></p>
<p><b>Part B Claims/ADS - Colorado</b></p>	<p><b>Part B Claims/ADS – Colorado</b>  TrailBlazer Health Enterprises, LLC  Part B Claims  P.O. Box 650705  Dallas, Texas 75265-0705</p> <p>Hard copy claims may be sent to the address above.</p>
<p><b>Part B Telephone Reopenings/ Redeterminations</b></p>	<p><b>Part B Telephone Reopenings (866) 865-5458</b></p> <p><b>Hours of Operation:</b>  Monday – Friday 8 a.m. – 4 p.m.  <i>(all service areas)</i></p> <p>For correction of clerical errors. Because of the anticipated J4 volume, TrailBlazer will only be able to accept three reopening error corrections per call.</p> <p><b>Part B Redeterminations</b>  Direct all written redetermination inquiries to:</p> <p>TrailBlazer Health Enterprises, LLC  Part B Redeterminations  P.O. Box 650717  Dallas, Texas 75265-0717</p>
<p><b>Part B Provider Enrollment</b></p>	<p><b>(866) 539-5596</b>  Obtain/change Medicare provider number and address information.</p> <p><b>Hours of Operation:</b>  Monday – Friday 8 a.m. – 4 p.m. (CT)</p> <p><b>Part B Enrollment – Colorado</b>  TrailBlazer Health Enterprises, LLC  P.O. Box 650710  Dallas, Texas 75265-0710</p>
<p><b>Electronic Data Interchange (EDI)</b></p>	<p><b>(866) 749-4302</b>  <b>Fax (410) 683-2937</b></p> <p><b>Hours of Operation:</b>  Monday – Friday 8 a.m. – 6 p.m. (ET)</p>

	<p>General questions relating to electronic billing enrollment and claim receipt or specific questions relating to EDI specifications, explanations of front-end claim rejections, software testing, Medicare’s free software (Pro32), 276/277 claim status inquiries, online inquiry software navigation and connectivity questions, and status of EDI enrollment.</p> <p><b>Mailing Address:</b>  TrailBlazer Health Enterprises, LLC  Electronic Data Interchange  P.O. Box 4898  Timonium, Maryland 21093</p> <p><b>Physical Address:</b>  TrailBlazer Health Enterprises, LLC  Electronic Data Interchange  1954 Greenspring Drive  Suite 600  Timonium, Maryland 21093</p>
<p><b>ERA/EFT Administrative Simplification Compliance Act (ASCA)</b></p>	<p><b>(866) 528-1605</b>  <b>(866) 528-1607</b>  <b>(866) 514-0280</b>  <b>(866) 519-5974</b>  <b>(866) 528-1606</b>  <b>(866) 620-3988</b>  <b>(866) 774-8160</b>  <b>Fax: (469) 372-1045</b></p> <p><b>Hours of Operation:</b>  Monday – Thursday 7 a.m. – 5:30 p.m. (CT)  Friday 7 a.m. – 4 p.m. (CT)</p> <p>Questions relating to Electronic Remittance Advice (ERA), Electronic Funds Transfer (EFT), PC-Print software and ERA/EFT enrollment.</p> <p><b>ERA</b>  TrailBlazer Health Enterprises, LLC  ERA Department  P.O. Box 650156  Dallas, Texas 75265-0156</p> <p><b>EFT</b>  TrailBlazer Health Enterprises, LLC  Provider Enrollment EFT  P.O. Box 650636  Dallas, Texas 75265-0636</p>

<b>Part B Demanded and Voluntary Refunds</b>	TrailBlazer Health Enterprises, LLC Part B Demanded and Voluntary Refunds 3101 S. Woodlawn Denison, Texas 75020
<b>CMS Medicare Eligibility Integration Contractor (MEIC)</b>	<b>(866) 324-7315</b> Questions relating to 270/271 patient eligibility HIPAA transactions.
<b>J4 MAC Post-Implementation Questions</b>	<a href="mailto:j4mac@trailblazerhealth.com">j4mac@trailblazerhealth.com</a> 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.
<b>J4 MAC Provider Feedback Line</b>	TrailBlazer welcomes providers' 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 details or prefer a return call (calls will be returned in 5 to 10 business days).  Provider Feedback Line (866) 237-4483 (Toll-free) Option 2 <a href="mailto:provider.feedback@trailblazerhealth.com">provider.feedback@trailblazerhealth.com</a>  <i>All information shared is confidential.</i>