

Insurance Contacts for Alaska (04/01/2025)

Alaska Division of Insurance Director, Lori Wing-Heier - lori.wing-heier@alaska.gov

Alaska Chief Medical Officer, AK Department of Health, Dr. Robert Lawrence - robert.lawrence@alaska.gov

Aetna	
CONTACT NAME	Lori O'Banion
Title	Aetna Sr. Network Manager-AK
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Mailing, Line 2	Suite 920
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Aetna	
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Aetna	
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City, State, Zip	Seattle, WA 98101

AK Pipe Trades Association	
CONTACT NAME	
Phone	800-811-8851
Fax	
Email	
Mailing	5331 S Macadam Avenue, Ste 220
City, State, Zip	Portland, OR 97239

CIGNA	
CONTACT NAME	Rick Nakayama
Title	Director, Provider Contracting
Phone	206-654-8900
Fax	877-806-1566
Email	rick.nakayama@cignahealthcare.com
Mailing	920 Fifth Avenue
Mailing, Line 2	Suite 1350
City, State, Zip	Seattle, WA, 98104

CIGNA	
CONTACT NAME	Jim Fitzpatrick
Title	Vice President, Network Management
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Mailing	920 Fifth Avenue
Mailing, Line 2	Suite 1350
City, State, Zip	Seattle, WA, 98104

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CIGNA	
New Credentialing	MedicalOnBoarding@Evernorth.com
New Credentialing	800-882-4462 option "Medical" then "Credentialing"
Status Requests	PSSCentral@CIGNA.com
Status Requests	800-882-4462 option "Network Participation"
Demographic Updates	Intake_PDM@CIGNA.com
Provider Support	800-882-4462
Website	www.CignaForHCP.com

DOC	
CONTACT NAME	Travis Welch, Director of HARS
Email	travis.welch@alaska.gov
CONTACT NAME	Karri Hutchings, Admin Ops Manager
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Phone	907-269-7346
CONTACT NAME	LeeAnna Sykes, Billing
Email	leeanna.sykes@alaska.gov
Email (Alt billing)	jamie.hill@alaska.gov

MEDICAID	
CONTACT NAME	Debra Schlitt
Title	Medicaid Program Specialist
Main Phone	800-780-9972
Main Fax	
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MAILING ADDRESS LINE 1	

Meritain	
CONTACT NAME	
Phone	866-808-2609
Fax	763-582-5057
Email	
Mailing	PO Box 853921
City, State, Zip	Richardson, TX 75085

MODA	
CONTACT NAME	Mari Stasco
Title	Network Development
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Mailing	
City, State, Zip	

MODA	
CONTACT NAME	Julie NicholSEN
Title	Providers Rep II, Medical Provider Relations
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City, State, Zip	Portland, OR 97240

Federal BCBS	
Phone	
Fax	877-239-3390
Mailing	
City, State, Zip	

Federal BCBS	
Care Management (Pre-Auth)	
Phone	877-342-5258
Fax	800-843-1114
Mailing	PO Box 327
City, State, Zip	Seattle, WA 98777-0327

Insurance Contacts for Alaska (04/01/2025)

Premera	
CONTACT NAME	Katherine Beard
Title	Provider Network Executive- Alaska Market
Phone	425-918-814
Email	Katherine.Beard@Premera.com
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Premera	
CONTACT NAME	Liz Pennington
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Premera	
CONTACT NAME	Lindsay Bland
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Premera	
CONTACT NAME	Kim Burson
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Fax	
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City, State, Zip	Mountlake Terrace, WA 98043

Premera	Provider Relations
Phone	877-342-5258 opt. 4
Fax	425-918-4937
Email	provider.relationswest@premera.com
Notes	Provide NPI #, Hours from 5am- 8pm better hold times in the AM or late

Premera	Credentialing
Pre-Auth Phone	844-996-0332
Pre-Auth Fax	888-584-8081
Escalated Issues	AKHCDSInquiries@premera.com
Credentialing	Credentialing.Updates@premera.com

TriCare	
Phone	844-866-9378
Prior '25 Claims Fax	844-869-2812
'25 Claims Fax	877-989-0070
Appeals Fax	844-802-2527
Mailing	PO Box 202112
City, State, Zip	Florence, SC 29502-2113

TriWest (Tricare/VA)	
CONTACT NAME	April Sinclair
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Insurance Contacts for Alaska (04/01/2025)

TriWest (Tricare/VA)	
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TriWest (Tricare/VA)	
CONTACT NAME	Josie Exendine
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TriWest (Tricare/VA)	
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TriWest (Tricare/VA)	
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Email	providercontracting@triwest.com
AK Contracting	AlaskaProviderRelations@triwest.com
Corporate	ProviderServices@triwest.com

United Healthcare	
CONTACT NAME	Gilbert Gallegos
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United Healthcare	
CONTACT NAME	Sheila Levins
Title	Network Contract Manager - UHN West
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United Healthcare	
CONTACT NAME	
Title	Network Contract Support
Phone	(866) 574-6088
Website	www.UHCprovider.com
Mailing	780 Shiloh Road, MS-1.700
City, State, Zip	Plano, TX 75074

United Healthcare	
CONTACT NAME	
Provider Portal	www.uhcprovider.com
Network Participation	networkhelp@uhc.com
Demographic Changes	877-369-1302
D.C. Email	hpdemo@uhc.com

Work Comp Contacts for Alaska (04/01/2025)

ASD Risk Management (WC)

CONTACT NAME	Deb Engles
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CITY, STATE, & ZIP	Anchorage, AK 99504

Amerisafe (WC)

CONTACT NAME	
PHONE	800-256-9052
FAX	337-460-3319 or 337-460-3343
EMAIL	
MAILING ADDRESS LINE 1	2301 Highway 190 West
CITY, STATE, & ZIP	Deridder, LA 70634

National General (Allstate WC)

CONTACT NAME	
PHONE	800-468-3466
FAX	336-759-3141

Polaris (WC)

CONTACT NAME	Roy Brown
Title	Adjuster
PHONE	907-297-7377
FAX	907-297-7379
EMAIL	polarisak@polarisak.com
MAILING ADDRESS LINE 1	3111 C Street, Ste 510
CITY, STATE, & ZIP	Anchorage, AK 99503

Sedgwick (WC)

CONTACT NAME	
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