

It's good to be Blue.

How-to Guide

Electronic Medical Records

"How To" Guide for Electronic Medical Records Submisson

June 2011

The *my*Notifications **Electronic Medical Records Submission** tool is designed to smoothly facilitate e-communication between Blue Cross & Blue Shield of Mississippi (BCBSMS) and your clinic/hospital staff. The *my*Notifications electronic medical records submission e-tool is located in the *my*Notifications message center section of the *my*AccessBlue Home Page.

When you log-in to *my*AccessBlue, the *my*Notifications **Electronic Medical Records Submission** tool will alert you to new medical record requests and open medical requests. You may elect to either view your messages displayed, or you may close the *my*Notifications message alert box, by clicking on the **'Close'** button and view the messages at a later time.

Should you decide to close the *my*Notifications message alert box, you will then be directed to the *my*AccessBlue Home Page.



The *my*Notifications section of the *my*AccessBlue Home Page will display all new medical records requests, as well as any outstanding, open requests for medical records that require your attention.

myAccessBlue Provider

committed to a healthier mississippi.

Maintenance Add User Modify User Change User Info Transactions Chack Warbar	it's walkin' weather	ield	
Eligibility/Benefits		Search	Go ?
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Be RxSmart	<i>my</i> News	○ FAQ	
 90-Day Supply Formulary Blue Care for Kids Formulary 	New Practice Management Tool Coming Soon to myAccessBlue!		
Disease Specific Drugs	Coming Soon! mvNetifications - a new practice management tool on mvAccessBlue. Click on the headline for more information		
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Out of State Blues Medical Policies & Precertification	Important Reminder: New Medical Management Administrator for the	110-141	
Coding Policy	Mississippi State and School Employees' Health Insurance Plan	Healy	N
Privacy Policy Prior Authorization Forms	Effective January 1, 2011, ActiveHealth Management became the new medical management administrator for the Mississippi State and School Employees' Health Insurance Plan. Click the headline for additional information.	Vou	-
Disease Specific Prior Authorization		YOU.	
Request Disease Specific Prior Authorization		Helping Membe	are
Request Status Mental Health and Substance Abuse		be healthy an	d
Prior Authorization Request Form Ambulance Prior Authorization Form		stay healthy	
Questions			
Electronic Claims			
News Archives			
Download			
 Form Download NPI Forms 			
 Hospital Manuals 			
 Good Health Club / Child Obesity Toolkit 			
Information and Training			
Contact Blue			
Log Out			

There are three ways you may view the medical records requests initiated by BCBSMS:

- 1. To view only **new messages,** click on the highlighted corresponding number indicator. You will then be directed to the **Medical Records Listing Screen**.
- 2. To view only **open requests,** click on the highlighted corresponding number indicator. You will then be directed to the **Medical Records Listing Screen**.
- 3. To view all **new messages and open requests,** click on the highlighted 'Medical Records' link. You will then be directed to the Medical Records Listing Screen.



myNotifications-Medical Records Listing Screen

The **Medical Records Listing Screen** will display a listing of all open BCBSMS medical record requests associated with your provider's identification number(s).

The listing screen will display information to help you easily identify each medical records request including: Medical Records Request ID, Tax ID, Claim Number, and Subscriber ID.

Additional information columns can be added or removed to customize your search result view. To view these options click on the **'Change Columns'** link.

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The M	ledical Re	cords function of myAccessBlue is	a means of electronically submitting med	lical records requests to Blue Cross	& Blue Shield of Mississippi.	
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			© 2011 Blue Cross & Blue An Independent license	Shield of Mississippi, A Mutual Ins e of the Blue Cross and Blue Shie	urance Company. Id Association.	
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myNotifications-Medical Records Listing Screen

Once you have clicked the 'Change Columns' link, the "Change Columns" option box will open.

In this box you can choose from a list of columns, which can be added or removed, to display the information needed for your daily electronic medical records operations.

The following columns are set as default options and cannot be removed: **ID**, **Last Update**, **New Updates**, **Status**, **Subscriber ID**, **and Tax ID**. You may select up to twelve total columns, including the default columns to be displayed at one time.

Once you have selected the columns you wish to display, click 'Submit', and the columns will be displayed on the Medical Records Listing Screen.

myAccessBlue					BlueCross BlueShield of Mississippi
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myNotifications					
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Medical Records					
The Medical Records function of myAccessBlu	e is a means of electronically s	submitting medical records reques	sts to Blue Cross & Blue	Shield of Mississippi.	
Search Opt	Change Columns				8
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myNotifications-Medical Records Listing Screen

To view the details of a request, click on the corresponding record. You will then be directed to the **Medical Records Detail Screen**.

Note: Requests that contain a **new message** will be denoted by a star located to the left of the request record. The star will remain visible until the request has been viewed.

e Mec	dical Re	Records	a means of electronically submitting	medical records requests to Blue C	Cross & Blue Shield of Mississippi.	
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myNotifications-Medical Records Detail Screen

The *my*Notifications **Medical Records Detail Screen** provides you with a detailed summary of the medical records requests' corresponding claim information.

myAccessBlue Provider			Committed to a Healthier Mississippi
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<i>my</i> Notifications			
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Printable Version Message Information ID: 298 Create Date: 05/26/2011 11:02 PM	Claim Provider: JOHN DOE MD Claim Number: 77777777	Return to myNotifications Patient Patient #:000111000333 Patient Name: HANK DOE	
Receipt Date: Status: Open	SCCF Number: 23020110000000001 First Date of Service: 05/11/2011 Last Date of Service: 05/11/2011 Total Charge: \$912.00	Date of Birth: 12/31/1970 Subscriber ID: ZZZ 8989898989	
Requested Information			
Please provide the following information for Complete Medical Record Other Date of Onset, Date of First Treatme This request is for dates of service: From: 0.	Diagnosis Codes: 123456, 789012 int, Date of Treatment 5/11/2011 To: 05/11/2011		
Provide Requested Information Fax Requ	Jested Information Information Not Available		

The **"Requested Information"** section provides you with a detailed listing of the types of medical records requested.



On the **Medical Records Detail Screen**, you will have the ability to select a method for submitting your medical record documentation. You may choose to electronically upload documentation, provide requested information by typing a written response if applicable, or fax the information directly to the BCBSMS dedicated fax line.

On rare occasions, the requested medical record information may not be available. Should this unusual event occur, there is an option you may select to communicate that the information requested is not available.

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Message Information ID: 298 Create Date: 05/26/2011 11:02 PM	Claim Provider: JOHN DOE MD Claim Number: 77777777	Patient Patient Account #:000111000333 Patient Name: HANK DOE	
Receipt Date: Status: Open	SCCF Number: 23020110000000001 First Date of Service:05/11/2011 Last Date of Service: 05/11/2011	Date of Birth: 12/31/1970 Subscriber ID: ZZZ 8989898989	
	Total Charge: \$912.00		
Requested Information			
Please provide the following information fo Complete Medical Record Other Date of Onset, Date of First Treatm	r Diagnosis Codes: 123456, 789012 Ient, Date of Treatment		

The instructions for the various submission methods are as follows:

Electronic Submission-You may electronically submit medical records by uploading the document. Here are the easy step-by-step instructions for uploading and submitting an electronic document:

1. Click on the **'Upload Medical Records'** button located in the **"Requested Information"** section.

nyNotifications			
Appeals Medical Records Prior Authorization			
Medical Records			
Printable Version		Return to myNotifications	
Message Information ID: 297 Create Date: 05/26/2011 11:02 PM Receipt Date: Status: Open	Claim Provider: JOHN DOE MD Claim Number: 55555555 First Date of Service:05/04/2011 Last Date of Service: 05/04/2011 Total Charge: \$1000.00	Patient Patient Account #:000777000111 Patient Name: JASON DOE Date of Birth: 12/31/1970 Subscriber ID: 888888890M	
Requested Information			

2. Click the 'Browse' button to browse your system for the electronic medical records file.



3. Click the selected file to upload.

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Fiaces	Files of type: xls, xlsx, pdf, doc, docx, rtf, txt, gif, jpg, jpeg, pn	Cancel

4. Click the **'Open'** button to upload the file. If more than one electronic medical records file is needed, you may select multiple records by holding down your **'Control'** key and clicking on the records with your mouse, or you may repeat steps 1-3 as needed.

Note: Only the following file types are supported: xls, xlsx, pdf, doc, docx, rtf, txt, jpg, jpeg, png

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1 10005	Files of type:	xls, xlsx, pdf, doc, do	oox, rtf, txt, gif, jp;	g, jpeg, pn 💌	Cancel

5. It is important that you submit documentation for all requested medical records.

You will have a drop down box that will allow you to assign the respective medical record type that you will be submitting.

Here are some examples of the types of medical records BCBSMS may request from you: Accident/Onset Date, Ambulance Report, Anesthesia Reports, Complete Hospital Chart, Complete Medical Record, Consultation Reports, and Dates Treated or Treatment Recommended for Diagnosis (Dx), Description of Services, and Diagnostic Reports.

Note: If you are unable to upload an isolated report, you may choose to upload the complete medical record.



6. To preview the file to ensure the appropriate medical record was uploaded, click on the name of the file to open the file in a separate window.

eals (1) Medical	Records Prior Authorization (2)
edical Records	
Printable Version	Return to myNotifications
Message Information	Unload Medical Records
Create Date: 05/19/2011 8:49 Receipt Date: Status: Open	AM Step 1 of 2 - Upload Medical Records Hide Upload Instructions
Current Request Please Operative Reports Upload Medical Records Fax	Click the 'Browse' button to browse your system for the electronic medical records file. Select the electronic medical records file. Click the 'Open' button to upload the file. Note: If more than one electronic medical records file is needed, repeat steps 1-3 as needed. Assign the respective medical record type using the drop down box for each medical record file uploaded. To preview a file to ensure the appropriate medical record file was uploaded, click on the name of the file to open the file in a separate window. To remove a file uploaded in error, click the 'Remove' link of the file uploaded in error. Once all electronic medical records have been uploaded and the respective medical record type assigned, click the type.
rior Request(s): Request	✓ Hide Medical Records Request
Request Date: 05/23/2011 11:0 THIS REQUEST HAS BEEN CANCI Please submit medical records f Operative Reports	s AN Please • Operative Reports LED Browse r da
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Request Date: 05/19/2011 8:49 Please provide the following inf • Other PLEASE SUBMIT APPROF SUPPORT THE SUBMISSI PROCEDURE CODES ON WHICH SUPPORTS THE	AM rmation: The information requested is not available. RIATE DOCUMENTATION TO DN OF INDIVIDUAL HIS CLAIM.(DOCUMENTATION SE OF THE MODIFIER).

7. To remove a file uploaded in error, click the '**Remove**' link of the file uploaded in error.

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Medical Re	cords		
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Upload Medic	al Records Fax Med	open the tile in a separ 6 To remove a file unloar	rate window. dad in error, click the 'Remove' link of the file unloaded in error.
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		the 'Next' button.	
Prior Request(s):			
Request		 Hide Medical Records Re 	equest
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8. Once all electronic medical records have been uploaded and the respective medical record type assigned, click the **'Next'** button.

eals (1)	Medical Recor	ds Prior Authorization (2)			
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Please • Operative Re	ports	Note: If more than one electronic medical records file is needed, repeat steps 1.3 as needed. 4. Assign the respective medical record type using the drop down box for each medical record file uploaded. 5. To preview a file to ensure the appropriate medical record file was uploaded, click on the name of the file to			
Upload Medical Re	cords Fax Med	open the file in a sepa 6. To remove a file uploa 7. Once all electronic mo	arate window. ded in error, click the 'Remove' link of th edical records have been uploaded and	e file uploaded in error. he respective medical record typ	ue assigned, click =
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Please provide the Other PLEASE SUI SUPPORT TI PROCEDURI	following informat BMIT APPROPRIATE HE SUBMISSION O E CODES ON THIS	ion: E DOCUMENTATION TO F INDIVIDUAL CLAIM.(DOCUMENTATION	The information requested is not a	ivailable.	

9. You will be given the opportunity to provide additional information such as dates of treatment, or referring physician name, to accompany the request before submitting. Type the additional information you want to accompany your request in the text box, and click the **'Submit'** button to send the requested documentation.

Provider aintenance Transactions Be RxSm WNotifications	art Policies Prior Authorization Forms Join Our Network Questions News Download Information and Tr	Committed to a Healthier Mississippi. aining Contact Blue Log Out Home
peals (1) Medical Rec	Upload Medical Records	8
Iedical Records Printable Version ID: 743 Create Date: 05/19/2011 8:49 AM Receipt Date: Status: Open	Step 2 of 2 - Additional Information Instructions 1. If you have any additional information to provide for this request, please enter it into the text area below. 2. Once you have entered the additional information, click "Submit". Additional Information (optional) There is no additional documentation associated with this claim.	
Current Request Please Operative Reports Upload Medical Records Fax Med	S12 characters left Submit Cancel	
Prior Request(s): Request Request Date: 05/23/2011 11:08 AI THIS REQUEST HAS BEEN CANCELED Please submit medical records for d • Operative Reports	te or service 3/10/2011. Records received were for date of service 3/09/2011.	8
Request Request Date: 05/19/2011 8:49 AM	Response Response Date: 05/23/2011 8:22 AM (Phyllis Lastname)	

You will be then be returned to the **Medical Records Detail Screen** where you will be able to view the date, time, and document(s) sent in the **"Response Section."**

Select 'Return to *my*Notifications' link in the upper right corner of the Medical Records Detail Screen to return to the Medical Records Listing Page.

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Message Information ID: 743 Create Date: 05/19/2011 8:49 AM Receipt Date: 05/23/2011 3:28 PM Status: Received	Claim Provider: Claim Number: 111111111 First Date of Service: Last Date of Service:	Patient Patient Name: John Doe Date of Birth: 1/1/11 Subscriber ID: 123456789M	
Current Request	Response		
Please • Operative Reports	Response Date: 05/23/ Note: In a few minutes Check this page again	'2011 3:28 PM the sent document(s) will be made available here. soon.	
rior Request(s):			
Request			
Request Date: 05/23/2011 11:08 AM			
THIS REQUEST HAS BEEN CANCELED			
Please submit medical records for date of • Operative Reports	service 3/10/2011. Records received were for d	late of service 3/09/2011.	
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Request Date: 05/19/2011 8:49 AM	te: 05/19/2011 8:49 AM Response Date: 05/23/2011 8:22 AM (Phyllis Lastname)		
Please provide the following information:	The information reques	ted is not available	

The status of your request will be displayed on the **Medical Records Listing Screen** and will be indicated by a **'Received'** message.

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Search Options				
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73 05/26/2011 10:56 PM	Open	33333333	88888888M	999999910C
72 05/26/2011 10:56 PM	Open	22222222	ZZZ777777777	999999910B
71 05/26/2011 10:56 PM	Open	11111111	ZZZ888888888	999999910A
74 06/01/2011 11:24 AM	Received		88888889M	999999910
75 06/01/2011 11:24 AM	Received	55555555	88888890M	99999910
76 06/01/2011 11:23 AM	Received	77777777	ZZZ8989898989	99999910
	© 2011 Blue Cross & Blu An Independent licen	e Shield of Mississippi, A Mutual Ir see of the Blue Cross and Blue Sh	isurance Company. ield Association.	

At times, BCBSMS may request medical record information that may not require you to upload and send supporting documentation. Examples of these types of requests would be: **Referring Physician Name, Date of Onset, Date of Treatment, etc.**

In this circumstance, you will notice that instead of the **'Upload Medical Records'** button, you will see a **'Provide Requested Information'** button. You may provide the requested information by clicking the **'Provide Requested Information'** button located in the **"Requested Information"** section of the **Medical Records Detail Screen**.

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Printable Version		Return to myNotifications	
Message Information ID: 296 Create Date: 05/26/2011 11:02 PM Receipt Date: Status: Open	Claim Provider: JOHN DOE MD Claim Number: 444444444 First Date of Service: 05/01/2011 Last Date of Service: 05/01/2011 Total Charge: \$810.00	Patient Patient Account #:000222000999 Patient Name: DOUG DOE Date of Birth: 12/31/1970 Subscriber ID: 888888889M	
Requested Information			
Please provide the following information: Other PLEASE SUBMIT APPROPRIATE DOC (DOCUMENTATION WHICH SUPPOR	UMENTATION TO SUPPORT THE SUBMISSION OF IN TS THE USE OF THE MODIFIER).	NDIVIDUAL PROCEDURE CODES ON THIS CLAIM.	
Provide Requested Information Fax Rec	quested Information Information Not Available		

Type your response in the text box and click the 'Next' button.

Note: If you do not provide a written response, then you must either electronically upload or fax the medical records.

myAccessBlue Provider			Committed to a Healthier Mississippi.
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Medical Records			
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Message Information ID: 296 Create Date: 05/26/2011 11:02 PM Receipt Date: Status: Open	Step 1 of 3 - Provide Requested Information Instructions 1. Provide the requested information below. 2. Once all the requested information has been provided, click 'Next'.	~	
	Other (optional)		
Requested Information Please protection of the please protection of the please submit appropriate (DOCUMENTATION WHICH SU Provide Requested Information F	PLEASE SUBMIT APPROPRIATE DOCUMENTATION TO SUPPORT THE SUBMI PROCEDURE CODES ON THIS CLAIM.(DOCUMENTATION WHICH SUPPORTS Bilateral procedure use modifier 50 477 characters left	SSION OF INDIVIDUAL THE USE OF THE MODIFIER).	
		Next Cancel	

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In addition to your typed response, you have the option of uploading and submitting supporting medical record documentation by repeating **Electronic Submission steps 1-3 located on page 8.** If you feel your typed response adequately satisfies the request, do not upload documentation, and proceed by clicking the '**Next**' button.

myAccessBlue		BlueCross BlueShield of Mississippi
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ID: 296 Create Date: 05/26/2011 11:02 PM Receipt Date: Status: Open	View Upload Instructions View Medical Records Request Browse Next Cancel	
Requested Information Please provide the following informa • Other PLEASE SUBMIT APPROPRIAT (DOCUMENTATION WHICH SU Provide Requested Information)	(VEAL Caller	
		1

At the end of each transaction, you will have another opportunity to provide additional information along with your electronically uploaded documentation.

To provide the additional information, type your message in the text box and proceed by clicking the **'Submit'** button.

icies Prior Authorization Forms Questions News Download Information and Training Contact Blue I	Committed to a Healthier Mississippi.
icies Prior Authorization Forms Questions News Download Information and Training Contact Blue I	.og Out Home
le Requested Information	
S of 3 - Additional Information to provide for this request, please enter it into the text area below. Once you have entered the additional information, click Submit. Information has been included in medical records submission aracters left Submit Cancel	
1 3 C	e Requested Information tors f of 3 - Additional Information tions If you have any additional information to provide for this request, please enter it into the text area below. Once you have entered the additional information, click 'Submit'. onal Information has been included in medical records submission readers left Submit Cancel

Fax Option- If you do not have the ability to submit medical documentation electronically, you have the option of printing a specialized bar-coded fax cover sheet and faxing the supporting medical documentation to the BCBSMS dedicated fax line.

Here are the easy step-by-step instructions for faxing medical records:

1. Click the 'Fax Medical Records' button.

<i>mv</i> AccessBlue			BlueCross BlueShield of Mississippi
Provider			Committed to a Healthier Mississippi.
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Medical Records			
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Message Information ID: 288 Create Date: 05/26/2011 11:02 PM Receipt Date: Status: Open	Claim JOHN DOE MD Claim Number: 22222222 SCCF Number: 23020114447778889 First Date of Service: 05/10/2011 Last Date of Service: 05/10/2011 Total Charge: \$781.00	Patient Account #:000222000777 Patient Name: JERRY DOE Date of Birth: 12/31/1970 Subscriber ID: ZZZ 777777777	
Operative Reports Lab Reports History/Physical Reports Diagnostic Reports Fax Medical Record	Is Information Not Available		
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2. The "Fax Medical Records" message indicator will then be displayed.



3. Print the fax cover sheet by clicking on the '**Print Fax Cover Sheet**' link, and then click the '**Done**' button.

Note: Medical documentation must be faxed using the fax cover sheet provided. The fax cover sheet must be the first page sent in the transmission. Do not submit documentation for multiple patients during the same fax transmission.



4. The fax page will display on your screen so that you may view it before printing. Fax the medical documentation with the corresponding message fax cover sheet to the BCBSMS dedicated fax line at 1-601-664-4100.

Note: All faxed documents must be accompanied by the bar-coded fax cover sheet. You may not re-use the same cover sheet. Each medical records request submission sent via fax must be accompanied by its own, individual bar-coded fax cover sheet, as the first page of the transmission.



Select '**Return to** *my***Notifications**' link in the upper right corner of the Medical Records Detail Screen to return to the **Medical Records Listing Page** to view the status of your request.

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Printable Version Message Information ID: 288 Create Date: 05/26/2011 11:02 PM Receipt Date: Status: Open	Claim JOHN DOE MD Claim Number: 22222222 SCCF Number: 23020114447778889 First Date of Service: 05/10/2011 Last Date of Service: 05/10/2011 Total Charge: \$781.00	Patient Patient Account #:000222000777 Patient Name: JERRY DOE Date of Birth: 12/31/1970 Subscriber ID: ZZZ 77777777	
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Requested Information Please provide the following information: • Operative Reports • Lab Reports • History/Physical Reports • Diagnostic Reports Upload Medical Records	Total Charge: \$781,00 ds Information Not Available © 2011 Blue Cross & Blue Shield of Missis An Independent licensee of the Blue C	ssippi, A Mutual Insurance Company. cross and Blue Shield Association.	

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The status of your request will be displayed on the **Medical Records Listing Screen** and will be indicated by a **"Pending Fax Receipt"** message.

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In certain circumstances, in order to process a claim, medical records requests may require a typed response in addition to, or in lieu of, the requested medical record documentation.

For example, when only the referring physician name is requested, or the referring physician name, in addition to the operative notes, are required.

In this instance, you are required to submit the requested documentation, and/or submit a response. After you click on the **'Fax Medical Records'** button, you will be prompted to type in a response. Provide the requested information in the text box, and click the **'Next'** button.

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Printable Version	Provide Requested Information	
Message Information ID: 296 Create D5/26/2011 11:02 PM Receipt Date: Status: Open	Step 1 of 3 - Provide Requested Information Instructions 1. Provide the requested information below. 2. Once all the requested information has been provided, click 'Next'.	
Requested Information	Other (optional) PLEASE SUBMIT APPROPRIATE DOCUMENTATION TO SUPPORT THE SUBMISSION OF INDIVIDUAL PROCEDURE CODES ON THIS CLAIM. (DOCUMENTATION WHICH SUPPORTS THE USE OF THE MODIFIER). Referring physician name is Dr. John Smith	
	Next Cancel	

You will still have the ability to fax in your supporting medical documentation. To proceed with the fax option, click the 'Yes' button, and proceed with Fax Option steps 2-4.

If you feel your typed response adequately satisfied the request, and you do not want to fax supporting documentation to BCBSMS, proceed by clicking the 'No' button to be returned to the **Medical Records Detail Screen**.

Note: It is important that all faxes be accompanied by the specialized fax cover sheet and faxed to the BCBSMS dedicated fax line.

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Printable Version Message Information ID: 290 Create Date: 05/26/2011 11:02 PM Receipt Date: Status: Open Requested Information Please provide the following informa Other PLEASE SUBMIT APPROPRIAT (DOCUMENTATION WHICH SI (DOCUMENTATION WHICH SI (DOCUMENTATION F	Fax Requested Information Step 2 of 2 - Print Fax Cover Sheet Instructions 1. Print the message fax cover sheet. 2. Fax the medical documentation with the corresponding message fax cover sheet to the fax number listed. Print Fax Cover Sheet Medical documentation must be faxed using the cover sheet provided. The requested information must be faxed with the cover sheet as the first page. Do n Do you still need to fax medical records? Vest No	

You will be then be returned to the **Medical Records Detail Screen**. You may view the date, time and document(s) sent in the **"Response"** section of the **Medical Records Detail Screen**.

Select 'Return to *my*Notifications' link in the upper right corner of the Medical Records Detail Screen to return to the Medical Records Listing Page to view the status of your request.

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Message Information ID: 287 Create Date: 05/26/2011 11:02 PM Receipt Date: 05/31/2011 11:18 AM Status: Received	Claim JOHN DOE MD Claim Number: 111111111 SCCF Number: 23020110000000000 First Date of Service: 05/11/2011 Last Date of Service: 05/11/2011 Total Charge: \$511.00	Patient Patient Account #:000111000111 Patient Name: JACK DOE Date of Birth: 12/31/1970 Subscriber ID: ZZZ 888888888	
Requested Information	Response		
Request Date: 05/26/2011 11:02 PM	Response Date: 05/31/2011	11:18 AM (Training User)	
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Treatment	·		

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The status of your request will be displayed on the **Medical Records Listing Screen**, indicated by a **'Received'** message.

Note: Remember, it is important that you provide BCBSMS with as much information so that your claim may be processed as expeditiously as possible.

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In rare instances, you may not have the medical records requested by BCBSMS.

For example, if you were not the treating physician on the date of service for the medical records requested.

You will have the ability to communicate to BCBSMS when records are not available by selecting the **'Information Not Available'** button.

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Message Information ID: 746 Create Date: 05/19/2011 9:59 AM Receipt Date: Status: Open	Claim Provider: Claim Number: 111111111 First Date of Service: Last Date of Service:	Patient Patient Name: John Doe Date of Birth: 1/1/11 Subscriber ID: 123456789M	
Request Please provide the following information: Other PLEASE SUBMIT APPROPRIATE DOCL	IMENTATION TO SUPPORT THE SUBMISSION O	F INDIVIDUAL PROCEDURE CODES ON THIS CLAIM.	
Provide Requested Information Fax Requ	uested Information Information Not Availab		
	© 2011 Blue Cross & Blue Shield o An Independent licensee of the	f Mississippi, A Mutual Insurance Company. Blue Cross and Blue Shield Association.	

Should you choose the **'Information Not Available'** option, you must provide a detailed explanation as to why you are not able to provide the requested information. Type a detailed explanation up to 512 characters in the text box, and click the **'Submit'** button to send.

Note: Remember, the more information provided helps in the timely processing of your claims.

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Message Informatio ID: 746	Claim Patient	
Create Date: 05/19, Receipt Date: Status: Open Request Please provide the fo • Other PLEASE SUBM (DOCUMENTA Provide Requested	2011 9:59 AM Please provide an explanation as to why the requested information is not being provided. Submit S05 characters left There is no additional documentation associated with this claim. Information Fax Requered	
	© 2011 Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company. An Independent licensee of the Blue Cross and Blue Shield Association.	

You will then be returned to the **Medical Records Detail Screen**. You may view the response you provided to BCBSMS in the **"Response"** section of the **Medical Records Detail Screen**.

Select 'Return to *my*Notifications' link in the upper right corner of the Medical Records Detail Screen to return to the Medical Records Listing Page to view the status of your request.



The status of your request will be displayed on the **Medical Records Listing Screen**, and will be indicated by a **'Received'** message.

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The Medical Records function of myAccessBlue is	a means of electronically submitting m	edical records requests to Blue C	ross & Blue Shield of Mississippi.	
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72 05/26/2011 10:56 PM	Open	22222222	ZZZ777777777	999999910B
71 05/26/2011 10:56 PM	Open	111111111	ZZZ888888888	999999910A
74 06/01/2011 11:24 AM	Received	4444444	88888889M	999999910
75 06/01/2011 11:24 AM	Received	55555555	888888890M	999999910
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When you have submitted all requested medical records to BCBSMS, the status of your request will be indicated by a **"Received"** message and will be displayed on the **Medical Records Listing Screen** for 30 day time period. All **"Open"** medical records requests will remain in the system for an indefinite period of time for your reference. Please check your claims status for payment information.

If BCBSMS has not received the requested information from you in a timely manner, BCBSMS will send you a second request notification. The status indicator will display an 'open' message until all requested information is received. At times, it may be necessary for you to search for a specific medical records request beyond the 30 day display period. You will have the ability to search by:

- Status
- Subscriber ID
- Claim Number
- Tax ID
- Date Range
- Message ID

Enter one or more of the indicated search criteria, and click on the 'Search' button. Your search query results will be displayed for you to view.

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ID	Last Update	Status	Claim Number	Subscriber ID	Tax ID
248	05/26/2011 11:01 PM	Open	4444444	88888889M	99999939
247	05/26/2011 11:01 PM	Open	33333333	888888888M	99999939
246	05/26/2011 11:01 PM	Open	22222222	ZZZ777777777	99999939
250	05/26/2011 11:01 PM	Open	77777777	ZZZ8989898989	99999939
249	U5/26/2011 11:01 PM	Open (Pending Fax Receipt)	5555555	88888889UM	99999939
245	05/26/2011 11:01 PM	Open	111111111	ZZZ88888888	99

Remember, it is important that you log-in to *my*AccessBlue everyday so that you may be alerted via *my*Notifications to outstanding medical record requests, prior authorization approvals, and important updates. For any questions regarding the **Electronic Medical Records Submission Tool**, please contact us via Contact Blue.