CLAIMS EFILING TOOL

How-To-Guide

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Introduction

Beginning January 1, 2025, you now have the ability to submit claim information electronically to BCBSMS. The Claims eFiling Tool is a web based product that Members and Dependents can use to enter claims information and transmit to BCBSMS electronically. The Claims eFiling Tool is intended to eliminate the need for you to manually complete the Subscriber claim form and mail to BCBSMS.

If you have a *my*Blue account, you may log in to your account to access and submit your claim. If you do not have an account, you may register through the 'I'm a Member' tab and click 'Register Now', or you may access the Claims eFiling Tool through BCBSMS.com.

Below you will find a step-by-step guide on how to access and submit a claim through your *my*Blue member account and through BCBSMS.Com.

Accessing the tool in Your myBlue Account

If you are registered for a *my*Blue account, you can access the eClaims Filing Tool by logging in to your account and selecting the "Your eFilings" tab.



How to Submit a New Claim

Here, you can submit a new claim, correct existing claims, or view previously submitted claims.

To begin submitting a claim, select the 'Submit New Claim' tab from the options.



Type of Claim

Select the type of claim being submitted from the list below. Then press continue.

- a. Prescription Drug
- b. Medical
- c. Hospital
- d. Dental

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🕈 Home 🔳 Your Benefits 🖹 Your Claims 🥊	🖸 Your Rx 🏾 🎔 Your Health 🛛 单 Your Info	Your Messages 🖹 Your eF	Filings
Claims eFiling Fo complete this you will need to gather all releva ready to upload. To begin, select your claim type	int information about the claim and any de	ocuments, such as a receipt or ite	mized bill,
Select Claim Type			
 Drug Medical (Physician, Lab, X-Ray, Vision/He Hospital 	earing)		
◯ Dental		Cancel & Exit	ontinue
If you have a question about the myB 800-94 Copyright © 2007-2024, Blue Cross & B An independent licensee of th	lue website, please call our Customer Servi 2-0278, Monday-Friday, 8:00 am to 4:30 pr lue Shield of Mississippi, A Mutual Insura he Blue Cross & Blue Shield Association.	ce Center at 601-664-4590 or 1- n. nce Company. All Rights Reserve Contact Us • Terms & Conditions	d.

Patient

Select the patient the claim is being submitted on. Then press continue.

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It's good to be Blue. Home 🔳 Your Benefits 🖹 Your Claims 🥣	Your Rx 🎔 Your Health 💄 Your Info	🖂 Your Messages 🖹 Your eFilings
Claims eFiling		
Please select one of the following members:	Age	Birth Date
000		
0		Cancel & Exit Continue
If you have a question about the myBlu 800-942 Copyright © 2007-2025, Blue Cross & Blu	ie website, please call our Customer Servi -0278, Monday-Friday, 8:00 am to 4:30 pn le Shield of Mississippi, A Mutual Insurar	ce Center at 601-664-4590 or 1- n. nce Company. All Rights Reserved.
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After you select the patient, the insured and patient information will be pre-populated.

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📅 Home 📧 Your Benefits 🖹 Your Claims 🥣 Your Rx 🎔 Your Health 🚢 Your Info 🖾 Your Messages 🖹 Y	our eFilings
Claims eFiling Personal Information All fields are required. Insured Information	Documentation
BCBSMS ID Number Group Number	
Date of Birth: Sex: Male Female Street Address: Suite/Apt Number: (optional) City: State: Zip Code: MS 39110 Phone Number Email Address:	
Patient Information First Name: MI: Last Name:	
Date of Birth: Maie O Female	
Street Address: Suite/Apt Number: (optional) City: State: Zip Code: MS 39110 Phone Number Patient Relation to Insured:	
(###) ###-#### SUBSCRIBER Cancel & Exit If you have a question about the myBlue website, please call our Customer Service Center at 601-664-4590 or 800-942-0278, Monday-Friday, 8:00 am to 4:30 pm. Copyright © 2007-2024, Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company. All Rights Re An independent licensee of the Blue Cross & Blue Shield Association. Contact Us + Terms & Conditions	Continue or 1- eserved.

You will have the option to enter a cell phone number if you would like to receive text alerts, however, if you do not provide an email address, you cannot continue with the claims submission. A valid email address is required to submit a claim.

Personal Information All fields are required.		1 Personal Info	2 Other Insurer	Claim Info	Documentation
Insured Information					
BCBSMS ID Number	Group Number				
First Name:	MI: Last Name:				
Date of Birth: Sex:	e 🔵 Female				
Street Address:	Suite/Apt Numbe	er: (optional)			
City:	State:Zip Code:MS39110				
Phone Number (###) ### #### Email address is required.	Email Address:				

Other Coverage Information

You will verify other insurance and/or Medicare coverage.



Accident or Workers Comp Related

You will verify if the claim is related to an accident or workers comp.



Claim Information

Enter your claim information.

Diagnostic Information	
Date of Service: 12/09/2024 to 12/09/2024	
Diagnoses Codes:	
Code	Delete
cough	
Runny Nowe	=
ADD DIAGNOSIS CODE	
Charges:	
Charge \$200.00	
ADD CHARGE	
Description of the Services:	
Office visit and shot.	
Physician Rendering/Performing NPI:	
1236547891	
Physician Billing NPI:	
Physician or Prescriber Name: Dr one	
Physician City: State: Physician ZIP:	
Hattiesburg MS V 39401	
Cancel & Exit	Continue

Supporting Documentation

Upload your documentation to support the claim.

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🕈 Home 🔳 Your Benefits 🔒 Your Claims	🥣 Your Rx 🎔 Your Health 🔺 Your	Info 🛛 Your Me	essages 🖹 Y	our eFilings
Claims eFiling				
Documentation All fields are required.	1 Personal Info	2 Other Insurer	Claim Info	
Documentation				
Drag and Dro	op File(s) Here to Upload or			
2	or Select File(s)			
0 00008.pdf			Canad 9 Fuit	Continue
If you have a question about the m 800 Copyright © 2007-2024, Blue Cross & An independent licensee o	nyBlue website, please call our Customer S -942-0278, Monday-Friday, 8:00 am to 4:3 & Blue Shield of Mississippi, A Mutual Ins of the Blue Cross & Blue Shield Associat	service Center at 6 0 pm. surance Company ion. Contact Us • Term	01-664-4590 o /. All Rights Re as & Conditions	r 1-

Review and Submit

You will have one final time to review the claim and make changes.

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🕈 Home 🔳 Your Benefits 🖹 Your Claims 🗣	🝯 Your Rx 🔍 Your Health 🔺 Your I	nfo 🖾 Your Messages 🖹 Yo	our eFilings
Claims eFiling			
Review and Submit Claim			
1. Click on the screen listed in the 'menu option 2. Once data has been verified and/or changed Other Insurance Information Claim Information	on Documentation	e to make changes.	
		Cancel & Exit	Submit
If you have a question about the myB 800-94 Copyright © 2007-2024, Blue Cross & Bl An independent licensee of th	lue website, please call our Customer S 12-0278, Monday-Friday, 8:00 am to 4:30 lue Shield of Mississippi, A Mutual Inst he Blue Cross & Blue Shield Association	arvice Center at 601-664-4590 or) pm. Jrance Company. All Rights Res OR. Contact Us • Terms & Conditions	r 1- served.

Submit the claim once all changes are finalized. You will receive a transaction number to refer back to.



Email Notification

Once you have submitted the claim, you will receive an email confirming that the claim has been received.

Correct and View Claims in Your myBlue Account

If BCBSMS determines additional information is required to process your claim, you will receive an email requesting additional information. Follow the steps below to correct your claim.

If you submitted the claim through your *my*Blue account, log in to your account and follow the steps below. In your account, you can also select the "Previously Submitted Claims" to view a status of each claim submitted.



Select "Correct Existing Claims" under the "Your eFilings" tab.

You will select the Patient in which the claim was submitted.

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🕈 Home 🗉 Your Benefits 🖹 Your Claims 🐋 Your R	x 🎔 Your Health 🚢 Your Info 🖂 Your Messages 🖹 Your eFilings
Claims eFiling Please select one of the following members: Name	Age Birth Date
If you have a question about the myBlue w 800-942-02 Copyright © 2007-2025, Blue Cross & Blue S An independent licensee of the Bl	rebsite, please call our Customer Service Center at 601-664-4590 or 1- 78, Monday-Friday, 8:00 am to 4:30 pm. hield of Mississippi, A Mutual Insurance Company. All Rights Reserved. ue Cross & Blue Shield Association. Contact Us • Terms & Conditions

You will see a list of Transaction IDs and the status of each. Select the corresponding Transaction ID for the claim you would like to correct.

Home 🔳 Your Benefits 🖨 Your (Claims 💇 Your Rx 🛡 Your Health ᆂ Your Into 🖄	Your Messages = Your eFilings
Claims eFiling		
Transaction ID	Date	Status
992536121758	01/02/2025 11:15 AM	Additional Information Required Pending Fax Rcpt
366403251688	12/31/2024 10:25 AM	Received
366414221662	12/31/2024 10:22 AM	Received
358409071696	12/23/2024 10:07 AM	Received
356432430147	12/21/2024 07:43 PM	Received
356437410189	12/21/2024 07:41 PM	Received
	12/21/2024 07:54 AM	Additional Information Required Pending Fax Rcpt
Death		
Васк		

You will be presented with the claim and will select the tab for the information you wish to correct and submit.

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🕈 Home 🗉 Your Benefits 🖹 Your Claims 🥣 Your Rx 🎔 Your Health ᆂ Your Info 🖾 Your Messages 🖹 Your e	Filings
Claims eFiling	
Review and Submit Claim	
After entering claim information, you may verify data entered and/or change data entered. 1. Click on the screen listed in the 'menu options' listed below to navigate to that page to make changes. 2. Once data has been verified and/or changed, please click Submit.	
Other Insurance Information Claim Information Documentation	
Cancel & Exi	Submit
If you have a question about the myBlue website, please call our Customer Service Center at 601-664-459 800-942-0278, Monday-Friday, 8:00 am to 4:30 pm. Copyright © 2007-2025, Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company. All Rights An independent licensee of the Blue Cross & Blue Shield Association. _{Contact} us • Terms & Conditions	90 or 1- 3 Reserved.

After you have corrected the claim information and uploaded the documentation, you will press submit.

You will then receive an email confirming the information was received.

Access the tool at BCBSMS.com

Federal Employee Program and Postal Health Service Program Members

If you are a member of the Federal Employee Program or Postal Health Service Program, you can access the tool by following the steps below.

- 1. Navigate to BCBSMS.com
- 2. Select the "I'm a Member" tab
- 3. Select the "Federal Employee Program" link



Scroll to the bottom of the page to the "eClaims Filing Tool" section. This provides an overview and frequently asked questions of the eClaims Filing Tool. Select "Click here" to access the tool.

eClaims Filing Tool
Subscriber eClaims Filing Tool is a web based product that Subscribers or Dependents can use to enter claims information and transmit them to BCBSMS electronically. To submit your claim, click on Subscriber eClaims Filing Tool.
If you have questions about the eClaims Filing Tool, review the information below or contact our Customer Support Team at 1-800-932-7724 or 601-932-4252. Click here to access the eClaims Filing Tool.
How do I submit my claims electronically?
▼ Once I submit my claim information, how long will it take to process?
▼ Will I be notified when my claim is received?
▼ How can I check the status of my claim?
▼ How will I know when my claim has been processed?
▼ How will I know if I owe anything to my Provider?
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Local and State Health Plan Members

If you are a local or State Health Plan member, you can access the tool by following the steps below.

- 1. Navigate to BCBSMS.com
- 2. Select the "I'm a Member" tab
- 3. Select the "eClaims Filing Tool" link

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Be Healthy	I'm a Member	I'm a Provider	I'm an Emp	oloyer	Find Cover	age
I'm a Memb	er					
Leading the W With Blue Cross & Blue Shiel Your first step as a Blue Cros wellness visit with a Blue Prir foundation of a healthy life. Your Blue Primary Care Home annual check-ups and manag Blue Primary Care Home can coordination guidance when	d of Mississippi, you have a pai s & Blue Shield of Mississippi n mary Care Home. This visit is o e serves as your "home" for ev jement of health risks like bloo also provide wellness coaching specialty care is needed.	ther along your personal welln nember should be to schedule y overed at no out-of-pocket cost rery care need from the sniffles id pressure, cholesterol and blo g support for reaching health go	ess journey. /our annual t and is the or sprains to od sugar. Your pals and care	I am a Member Username Password	ue Login	>
When you choose a Blue Prin you and how you can live you Provider and clinic care team stage of your wellness journe	nary Care Home, you can expe ur healthiest life. Through a rel , you'll have just what you nee ay.	ect a patient experience that is o lationship with your Blue Primar ad to maintain or improve your	centered around ry Care Network health at every	Register Now	Lo	gin
myBlue For everything related to you benefit plan, log in to our see myBlue member portal. With myBlue you can access claim history, prescription drug information, update your per information, update your per login above. Your Partner	sonal blue W Find my B	Blue Care	Home	Forgot Usern Forgot Usern Find a Blue be RxSmar Community State & Scl Federal Em Member Lin Case Manager Continuity of C	ame or Password Primary Care Ho t y PLUS Pharmacy hool Health Plan uployee Program nks ment 20 Care Request Forr	me Search
As your partner along your personal wellness journey, Bl best because it's about you	ue Cross & Blue Shield of Miss , your health and your life.	issippi is here to help you be ar	nd feel your	Contraceptive Form » eClaims Filing Electronic Com	Coverage Except	ion ce »

This page provides an overview and frequently asked questions of the eClaims Filing Tool. Select "Click here" to access the tool.

It's good to be E	lueShield pi Blue.			About Us Media Search the s	Careers Site Map
Be Healthy	I'm a Member	I'm a Provider	I'm an Emple	oyer Fin	d Coverage
I'm a Memb	er				
eClaims Filing Member eClaims Filing Tool information and transmit to account to submit a claim. I through the 'I'm a Member' submit your claim. If you have questions about Support Team at 601-664-4 Frequently Asked Que	to enter claims your <i>my</i> Blue se register a may then ct our Customer g Tool.	my Blue L I am a Member Username Password	ogin ~		
▼ How do I sign up to	submit my claims electron	ically?		Register Now	Login
Once I submit my cl	aim information, how long	will it take to process?		Forgot Username or I	Password
 Will I be notified wh How will I know whe 	en my claim is received? en my claim has been proce	essed?		Find a Blue Primar be RxSmart	ry Care Home
▼ How will I know if I	owe anything to my Provid	er?		 Community PLUS State & School He Federal Employee 	Pharmacy Search alth Plan Program

How to Submit a New Claim

Member Information

If you are entering your claim through BCBSMS.Com you will start by entering your member or patient information. Fill out all of the fields indicated on the screen.

It's good to be Blue	ue.		About Us	Media Careers Site Map		
Be Healthy	I'm a Member	I'm a Provider	I'm an Employer	Find Coverage		
Claims eFiling To complete this you will need to gather all relevant information about the claim and any documents, such as a receipt or itemized bill, ready to upload. To begin, select your claim type then continue.						
Member Informa	ation					
Insured ID Number						
First Name:						
Last Name:						
ZIP:						
Date of Birth: mm/dd/yyyy						
About Us Careers Terms of Use Privacy Practices Accreditation Site Map						
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Select "Submit New Claim"

It's good to be B	lueShield pi Blue.	BCE	3SMS 101 About Us Me	edia Careers Site Map Search the site
Be Healthy	I'm a Member	I'm a Provider	I'm an Employer	Find Coverage
Claims eFil	ing Correct Existing Claims			

Type of Claim

Select the type of claim being submitted from the list below. Then press continue.

- e. Prescription Drug
- f. Medical
- g. Hospital
- h. Dental

It's good to be E	lueShield pi Blue.	BCB	SMS 101 About I	Js Media Searc	Careers Site Map
Be Healthy	I'm a Member	I'm a Provider	I'm an Emplo	yer	Find Coverage
Claims eFil To complete this you wil itemized bill, ready to up	ing I need to gather all relevant pload. To begin, select your	t information about the clair claim type then continue.	n and any documer	nts, such as	a receipt or
Select Claim T	уре				
 ○ Drug ○ Medical (Physicia ○ Hospital ○ Dental 	ın, Lab, X-Ray, Vision/Hea	ring)			
				Cancel & Exi	Continue

Personal Information

Fill out all of the fields on the Personal Information section. A valid email address is required to submit a claim.



Other Coverage Information

Verify if you have other insurance and/or Medicare coverage.

It's good to be B	lueShield pi Blue.	BCBS	MS 101 About Us	s Media Ca Search tl	he site
Be Healthy	I'm a Member	I'm a Provider	I'm an Employe	er Fi	nd Coverage
Claims eFil	ing				
Other Insurer All fields are required.		1 Personal Info	2 Other Insurer	Claim Info	Documentation
Other Insuranc	e				
Is the patient covered	by any other group health	n insurance plan?			
 No 					
Is the patient entitled to Part A ○ Yes ● No	o Medicare Benefits?				
Part B					
 Yes No 					
			<u>C</u>	ancel & Exit	Continue

Accident or Workers Comp Related

You will verify if the claim is related to an accident or workers comp.

It's good to be B	lueShield pi Blue.	BCB	SMS 101 About U	s Media C Search t	he site
Be Healthy	I'm a Member	I'm a Provider	I'm an Employ	er Fi	ind Coverage
Claims eFil	ing				
Claim Informatio	on	0	2	3	
All fields are required.		Personal In	fo Other Insurer	Claim Info	Documentation
Accident/Injury	/ Туре				
Is the accident/injury r	elated to:				
Patient's Employment	t:				
⊖ Yes					
O No					
Auto Accident:					
◯ Yes					
🔘 No					
Other Accident/Injury:	:				
◯ Yes					
No					

Claim Information

Enter the claim information.

Diagnostic Information
Date of Service: 01/01/2025 0 01/01/2025 0 Diagnoses Codes: 0 <td< td=""></td<>
Code
Flu
ADD DIAGNOSIS CODE
Charges:
Charge \$200.00 ADD CHARGE
Description of the Services:
Cough, fever
Physician Rendering/Performing NPI: (1236547891 Physician Billing NPI: 9874563211 Physician or Prescriber Name:
(Dr one
Physician City: State: Physician ZIP: Hattiesburg 39401 Cancel & Exit Continue

Supporting Documentation

Upload documentation to support the claim.

BlueCross BlueShield of Mississippi It's good to be Blue.		BCB	SMS 101 About Us N	Media Careers Site Map Search the site
Be Healthy	I'm a Member	I'm a Provider	I'm an Employer	Find Coverage
Claims eFil	ing			
Documentation All fields are required.		1 Personal Inf	o Other Insurer C	aim Info Documentation
Documentation	1			
Each supporting docu	ment must be smaller than cuments are allowed.	de a receipt, itemized bill, 1 10 MB, and must be a sup	etc.): ported file type (pdf, jpe	g, or png).
	Drag and Drop File	(s) Here to Upload		
	o Select	r File(s)		
0 00011.pdf				
			Cance	el & Exit Continue

Review and Submit Claim

You will have one final time to review the claim and make changes.

It's good to be E	lueShield pi Blue.	BCE	SMS 101 About Us	Media Careers Site Map Search the site ٩
Be Healthy	I'm a Member	I'm a Provider	I'm an Employe	r Find Coverage
Claims eFil	ing			
Review and Su After entering claim info 1. Click on the screer 2. Once data has bee Other Insurance Informa	bmit Claim rmation, you may verify dat a listed in the 'menu options on verified and/or changed, ation Claim Information	a entered and/or change d ' listed below to navigate to please click Submit. Documentation	ata entered. o that page to make ch	nanges. Sancel & Exit

When you have reviewed your information and are ready to submit the claim, press submit. You will receive a transaction number to refer back to.

It's good to be	lueShield pi Blue.	BCE	3SMS 101 About Us Me	edia Careers Site Map Search the site		
Be Healthy	I'm a Member	I'm a Provider	I'm an Employer	Find Coverage		
Claims eFil	ing					
Review and Submit Claim						
	Successfully submit	tted your claim. Your transa <u>Return to Home Screen</u>	ction number is: 99254023	2113		

Email Notification

Once you submit a claim, you will receive an email that the claim has been received.

Correct Claims at BCBSMS.com

If BCBSMS determines additional information is required to process your claim, you will receive an email requesting additional information. Follow the steps below to correct your claim.

To correct your existing claims, you can navigate back to the tool either through BCBSMS.com or through the link provided in the confirmation email.

You will need to input your Member information.

It's good to be B	ueShield ii lue.	About Us M	Search the site				
Be Healthy	I'm a Member	I'm a Provider	I'm an Employer	Find Coverage			
Claims eFili To complete this you will itemized bill, ready to up Member Inform	Claims eFiling To complete this you will need to gather all relevant information about the claim and any documents, such as a receipt or itemized bill, ready to upload. To begin, select your claim type then continue.						
Insured ID Number				Continue			
About Us Careers Terms of Use Privacy Practices Accreditation Site Map Copyright © 2007-2025, Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company, All Rights Reserved. An independent licensee of the Blue Cross and Blue Shield Association.							

You will select 'Correct Existing Claims' Tab to submit additional information.



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Be Healthy	I'm a Member	I'm a Provider	I'm an Employer	Find Coverage
Claims eFil Transaction ID: (992540232113) Search Back	ing			

You will need to enter the Transaction ID from the email and click 'search' in order to access the claim.

You will be presented with the claim and will select the tab for the information you wish to change and submit.



After you have corrected the claim information and uploaded documentation, you will press submit.

You will receive an email confirming the information was received.

Contact Us

If you have any questions or need assistance using the Claims eFiling Tool, please contact Customer Service at the number listed below:

- If you have a Mississippi's State & School Employee Health Plan, please call Customer Service at 601-664-5300 or 1-800-709-7881.
- If you have a Federal Employee Health Plan, please call Customer Service at 601-932-4252 or 1-800-932-7724.
- If you have a Federal Employee Postal Health Plan, please call Customer Service at 601-664-4343 or 1-888-800-7919.
- If you have any other BlueCross BlueShield of Mississippi Health Plan, please call Customer Service at 601-664-4590 or 1-800-942-0278.