



AUTOMATIC FAX-BACK PROGRAM

Complete the form on page two to receive a faxed letter as each case is decided.

WHAT IS THE AUTOMATIC FAX-BACK PROGRAM?

The Blue Cross Blue Shield of Massachusetts Automatic Fax-Back Program is our automated fax process for **faxing individual decision letters** to the program's enrolled providers.

HOW DOES THE PROGRAM WORK?

You must enroll in the program to receive individual patient authorization letters. Once enrolled, you will receive a fax notification each time a member's case is approved or denied in our system. A new letter will be generated if you change any of the following elements:

- Change in determination
- First date of service
- Number of approved units

A new letter **will not** be generated if you change the days or the service date range on your claim submission.

HOW DO I ENROLL?

Complete the form on page two and fax it to **1-617-246-4482**. We need the following information: your National Provider Identifier (NPI) or provider number, a contact name, and a fax number. Once we have entered the information into our database—typically two business days—we can begin faxing reports to you.

HOW DOES BLUE CROSS ENSURE THE REPORT'S ACCURACY?

Blue Cross has systems in place to ensure the accuracy of the information contained in the report. **If our systems detect any errors, we do not fax case information until the information has been entered into our systems correctly.**

WHAT IF I WANT TO CHANGE MY FAX NUMBER?

Please complete the form on page two and fax your request to **1-617-246-4482**. If the fax number change is temporary, let us know when we can resume sending the report to the old fax number.

WHAT IS THE IMPORTANCE OF THIS PROGRAM?

It gives providers inpatient and outpatient information and meets the legal notification requirements of the Massachusetts Managed Care Reform Law.



AUTOMATIC FAX-BACK PROGRAM: REQUEST FORM

Fax your completed form to Case Creation at **1-617-246-4482**.

To enroll in this program, please complete the information below. We can only send letters to one fax number.

Please print or type

TODAY'S DATE			
PROVIDER NAME			
PROVIDER ADDRESS			
NPI OR PROVIDER NUMBER			
NAME OF PERSON COMPLETING FORM		TITLE	
CONTACT TELEPHONE NUMBER (FOR QUESTIONS ABOUT THIS FORM)			
FAX NUMBER		IS THIS A TEMPORARY FAX NUMBER?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
*IF YES, PLEASE INDICATE WHEN WE SHOULD STOP SENDING THE REPORT TO THIS NUMBER			

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