

RightFAX Cover and Transmittal Log

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Purpose: RightFAX Cover and Transmittal Log is used by Application Centers to send all documents to the Medicaid Customer Service Unit via RightFAX, US Mail, courier or hand delivery when any situational form, application document, or paper application is transmitted.

Preparation: Use only ONE cover sheet for each application packet *unless you are faxing medical records*. **If medical records are faxed, then fax them with a separate, appropriately completed, cover sheet.** Submit only one application packet per RightFAX. Do not send multiple applications using a single FAX.

Sort the documents according the chart below.

Applications	Includes: Paper Application Forms, BHSF Clearance, BHSF Authorized Representative, BHSF NVRADF
Income Documents	Includes: Most recent Income Tax Return, with Schedule C attached, BHSF Form Wages, for self-employed household members only
Medical Documents	Includes: BHSF Form MS, BHSF Form MS/C, BHSF 202L /HIPAA, BHSF 402P/HIPAA, Medical Records, Medical Bills
Permanent Documents	Includes: Bank Account Verification, Home Property Verification, Medical Insurance Cards, Medicare Cards, Power of Attorney, Property Deeds, Appraisals, BHSF Form Resources, BSHF Form INS-LR

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Each item on the cover sheet shall be completed as follows to document all non-electronic applications taken by an AC Representative:

DATE:

Initial Contact Date: Enter the month, day, and year the applicant first contacts the AC to request Medicaid coverage.

Interview Date: Enter the actual date the application interview is completed.

Transmittal Date: Enter the date the application is transmitted – **All applications and associated documents must be sent to Medicaid daily!**

Applicant Information:

Name: SSN: Telephone Number: Enter the appropriate identifying information for the person applying or the adult applying for the children.

Total number of pages including cover sheet: Indicate the number of pages being transmitted.

Are you sending medical records for this application? Check Yes or No

AC ID#: Print the Application Center ID number for reimbursement

AC Representative's Name: Print the name of the AC Representative who assisted with the application

AC Representative's Phone Number: Print the phone number of the AC Representative who assisted with the application.

Comments: Use this section if you need to add additional information

Disposition:

All verification should be submitted daily to the Medicaid Customer Service Unit. Once a fax confirmation is received, then original documents must be returned to the applicant or shredded. Application Centers may keep the completed cover/log or copies of completed cover/log **ONLY.**

Application Centers may also send documents via U. S. Mail, courier, or hand delivery. All documents, other than those submitted via the On-Line application system, must be listed on the Cover/Log shown on the previous page including those sent via FAX, U. S. Mail, courier, and hand delivery.