



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

**MEMORANDUM**

DATE: September 18, 2007

TO: BCCCP Coordinators & Billing Staff

FROM: Cathy Blaze  
Reimbursement Analyst  
Breast and Cervical Cancer Control Program

**SUBJECT: INCORRECT PAYMENTS from sources other than BCCCP**

When the provider(s) receives an EOP and a check for services billed, please be sure that both the EOP and check have our **BCCCP logo** on them. **If there is any other logo or name, please DO NOT cash the checks. These checks would be from an incorrect funding source.**

**\*\*** Please return the checks, along with the EOP to the address indicated on the statement with a note saying: **“Incorrect payment issued. Claims submitted are to be paid by MI BCCCP”**. **\*\***

**REMINDER: Providers will then need to re-bill all claims to Health Advantage, Inc with “BCCCP” in the correct box on the claim form(s).**

“BCCCP” should be indicated on claims as follows:

**\* Electronic claims:**

EDI Professional (HCFA1500) (x098A1) – **Loop 2000B, SBR03** (Insured Group Number)

EDI Institutional (UB-04) (x096A1) – **Loop 2000B, SBR03** (Insured Group Number)

**\* Paper claims:**

Paper Professional (HCFA1500) **Box 11** (Insured’s Policy Group or FECA Number)

Paper Institutional (UB-04) – **Box 62** (Insurance Group No)

If you have questions please contact Tory Phelps 517/335-8854 or [PhelpsT2@michigan.gov](mailto:PhelpsT2@michigan.gov)