



## Paper Claim Submission Guidelines and Billing Deadlines

Failure to adhere to the following guidelines may result in processing/payment delays or claims returned unprocessed.

### Basic Information and Guidelines for Submission of Paper Claims

- Date of birth (DOB) must be eight characters without dashes or slashes in the format MM/DD/YYYY.
- Date of service (DOS) and any other dates must be 6 characters in the format MMDDYY. Make sure the dates are within the appropriate boxes on the form.
- Use only black ink.
- Do not write or print on the claim, except for the Provider Signature Certification.
- Handwritten claims are not acceptable.
- UPPER CASE alphabetic characters are recommended.
- Do not use italic, script, orator, or proportional fonts.
- 12-point type is preferred.
- Make sure the type is even (on the same horizontal plane) and within the boxes.
- Do not use punctuation marks (e.g., commas or periods).
- Do not use special characters (e.g., dollar signs, decimals, or dashes).
- Only service line data can be on a claim line. Do not squeeze comments below the service line.
- Do not send damaged claims that are torn, glued, taped, stapled, or folded. Prepare another claim.
- Do not use correction fluid or correction tape, including self-correcting typewriters.
- If a mistake is made, start over, and prepare a clean claim form.
- Do not submit photocopies.
- Claim forms must be mailed flat, without folding, in 9" x 12" or larger envelopes. Do not fold the form.
- Separate each claim form if using the continuous forms and remove all pin drive paper completely. Do not cut the edges of forms.

### Providing Attachments (Primary Insurance EOB)

- Must be directly behind the claim it supports and be identified with the beneficiary's name and Federal Tax ID Number.
- Attachments must be on 8 ½" x 11" white paper and one-sided. Do not submit two-sided materials.
- Multiple claims cannot be submitted with one attachment. Each claim form that requires an attachment must have a separate attachment.
- Do not staple or paperclip the documentation to the claim form.
- Mail claim forms with attachments flat, with no folding, in 9" x 12" or larger envelope.
- Do not send attachments unless the attachment is required. Any unnecessary attachments, such as statement detail or client account information, will delay processing of claims.

## Mailing Address for All Paper Claims

Michigan Department of Health and Human Services  
BC3NP & WISEWOMAN Claims  
109 Michigan Avenue  
Washington Square Building, 5th Floor  
Lansing, MI 48933

Phone: (866) 930-6324 | Secure Fax: (517) 763-0290 | Email: [BC3NP@michigan.gov](mailto:BC3NP@michigan.gov)

## Paper Claim Forms MUST Be on Red-Ink Forms

- Institutional claims: red-ink form with UB-04 CMS-1450 in the lower left-hand corner.
- Professional claims (CMS-1500): red-ink with the numbers OMB-0938-0999 in the lower right-hand corner.

## Electronic Claims

- Need to be an authorized billing agent with Michigan Department of Health and Human Services (MDHHS), [SIGMA Vendor Self-Service \(VSS\)](https://www.michigan.gov/budget/budget-offices/sigma) (<https://www.michigan.gov/budget/budget-offices/sigma>)
  - Help Desk Call Center:
    - Phone: (517) 284-0550
    - [SIGMA website](http://www.Michigan.gov/SIGMAVSS) ([www.Michigan.gov/SIGMAVSS](http://www.Michigan.gov/SIGMAVSS))
  - SIGMA Vendor Email: [SIGMA-Vendor@Michigan.gov](mailto:SIGMA-Vendor@Michigan.gov)
- Electronic claims can be submitted through the [State of Michigan File Transfer Service \(FTS\)](https://mifits.state.mi.us/user) (<https://mifits.state.mi.us/user>)
  - SFTP
    - Use Port: 2222 to view files by Class ID name.
    - Use Port: 2223 to view files by File Name.
  - FTPS (FTPS TLSv1.2) **explicit**. Use Passive Mode for Data Transfers.
    - Use Port: 11250 to view files by Class ID name.
    - Use Port: 11251 to view files by File Name.
    - Data Ports: 11200-11240 (external and internal).

**Notes:** You may need to open ports 11200-11240 in your firewall.
- Agencies submitting claims electronically must use the ASC X12N 837 5010 A1 institutional format.

## Remittance Advice (RA)

- Is produced to inform providers about the status of their claims.
- RAs are available in paper and electronic formats and utilize the HIPAA-compliant national standard claim adjustment group codes, claim adjustment reason codes, and remarks codes, as well as adjustment reason codes, to report claim status.

- Paper RAs are faxed by BC3NP/WISEWOMAN staff on Thursday morning.
  - Faxes may be interrupted by State of Michigan holiday schedules.
  - If you need a copy of a missing RA or if the contact information on the existing RA needs to be updated, please email [BC3NP@michigan.gov](mailto:BC3NP@michigan.gov) to request that information.

## Equipment

Keep equipment properly maintained to avoid the following:

- Dirty print elements with filled character loops.
- Light print or print of different density.
- Breaks or gaps in characters.
- Ink botches or smears in print.
- Worn out ribbons.
- Dot matrix printers should not be used as they result in frequent misreads by the OCR (Optical Character Reader).

For additional information, questions, comments, or concerns – please contact us at [BC3NP@michigan.gov](mailto:BC3NP@michigan.gov) or visit the [BC3NP website](http://www.michigan.gov/BC3NP) (www.michigan.gov/BC3NP)

## Year-End Deadlines for Claim Submission

- **BC3NP** claims for Date of Services July 1 to June 30.
  - Must be on file by **July 15**
- **WISEWOMAN** claims for Date of Services October 1 to September 30.
  - Must be on file by **October 15**

There are no exceptions to these dates. Our programs are Federally funded, and our grants end on June 30 and September 30, respectively. We are very aware of the short turnaround and, we too, have expressed that to our funders, but we have no wiggle room. The funds will be gone.

## Please Note

BC3NP/WISEWOMAN is now working remotely and submitting paper claims is no longer a preferred method of claim submission. Doing so is still acceptable, however, it is sure to guarantee a longer processing timeline and delayed payment. If you/your agency does not receive payment or rejection in 60 days, please email [BC3NP@michigan.gov](mailto:BC3NP@michigan.gov) to check claim status, **especially** at year-end.

We will accept faxed claims at our secure fax line (517) 763-0290.

Thank you.

Tory Doney, CPC

[DoneyT@michigan.gov](mailto:DoneyT@michigan.gov)

Lay Patient Navigator

Billing and Reimbursement Coordinator