



# NETWORK Notification

**Notice Date:** January 1, 2026  
**To:** CareSource® MyCare Ohio (HMO D-SNP) Providers  
**From:** CareSource  
**Subject:** High Dollar Claims

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## Summary

CareSource MyCare Ohio is committed to processing your claims as efficiently as possible. When submitting High Dollar claims (claims with allowed amounts over \$500,000) after January 2019, please fill out and attach the itemized bill cover sheet. You can find this [cover sheet](#) on [CareSource.com](#) under the Forms or Claims pages. This is required to process the request.

## Instructions for completion:

Section 1 must be complete at the time of submission.

- The form should be typed rather than handwritten.
- Submit the cover sheet and itemized statement by:
  - Email: [claimsitemizedbills@CareSource.com](mailto:claimsitemizedbills@CareSource.com)
  - Fax: **1-937-396-3173**
  - Toll-Free: **1-844-794-1579**
- The size of the file is limited to 12MB. Large files can be sent in multiple emails/fax submissions. Please fill out Section 2 below accordingly.
- Please use the coversheet when submitting itemized bills for both new and corrected claims.
- Note: If you are submitting an itemized bill in response to a request from Optum on CareSource MyCare Ohio's behalf, please submit your itemized bill directly to Optum via email at [mca@optum.com](mailto:mca@optum.com) or via fax at **1-800-435-2049**.

If you have questions, we are here to help. Please contact Provider Services, at **1-800-488-0134**, Monday through Friday, 8 a.m. through 6 p.m. Eastern Time (ET).

We appreciate and value your partnership and service provided to your CareSource MyCare Ohio patients.

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