



NETWORK *Notification*

Notice Date: January 1, 2024
To: Michigan Medicare-Medicaid Providers
From: HAP CareSource™ MI Health Link (Medicare-Medicaid Plan)
Subject: High Dollar Claims
Effective Date: January 1, 2024

Summary

HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) is committed to processing your claims as efficiently as possible. When submitting high dollar claims (claims with allowed amounts over \$500,000), please fill out and attach the Itemized Bill Cover Sheet. You can find this cover sheet on **HAPCareSource.com** under the [Forms](#) or [Claims](#) pages. This is required for us to process the request.

Instructions for completion:

- Section 1 must be completed at the time of submission.
- Submit the cover sheet and itemized statement by email: ClaimsItemizedBills@CareSource.com or by fax to **937-396-3173** or toll free at **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 accordingly.
- Please use the cover sheet when submitting itemized bills for both new claims and corrected claims.

Questions?

If you have any questions, we are here to help. Please contact Provider Services at **1-833-230-2159**, Monday through Friday 8 a.m. to 6 p.m. Eastern Time (ET).

We appreciate and value your partnership and the service provided to your HAP CareSource MI Health Link patients.

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