



NETWORK *Notification*

Notice Date: January 1, 2024
To: Michigan Medicare-Medicaid Providers
From: HAP CareSource™ MI Health Link (Medicare-Medicaid Plan)
Subject: New Address for Refund Checks
Effective Date: January 1, 2024

Summary

HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) has updated the address for refund check submissions. Effectively immediately, please send refund checks to:

HAP CareSource
P.O. Box 632128
Cincinnati, OH 45263-2128

Impact

The address listed above is for refund check submissions only. Correspondence other than refund checks submitted to this lock box will cause a delay in the processing of the checks and remaining correspondence.

Importance

To streamline the process of submitting refund checks, HAP CareSource MI Health Link has created a form to help ensure timely and accurate processing. The Claim Refund Check Form is available to download on the HAP CareSource MI Health Link website. A separate form and appropriate documentation must be submitted for each refund check.

Questions?

Please contact Provider Services at **1-833-230-2159** with any questions.

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