



NETWORK *Notification*

Notice Date: October 1, 2023
To: Michigan Medicaid Providers
From: HAP CareSource
Subject: High Dollar Claims

Summary

HAP CareSource 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 sending a fax to **1-937-396-3173** or toll free at **1-844-794-7579**.
- 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 claims and corrected claims.

If you have questions, we are here to help. Please contact Provider Services at **1-833-230-2102**, Monday through Friday, 8 a.m. through 6 p.m. Eastern Time (ET).

We appreciate and value your partnership and service provide to your HAP CareSource patients.

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