



NETWORK *Notification*

Notice Date: June 11, 2025
To: Michigan Medicaid Providers
From: HAP CareSource
Subject: Post-Service Appeal Requirement Update

Summary

We have updated information in our Provider Manual regarding Post-Service Appeals as follows:

- **Post-Service Appeal:** Denial of an authorization of a service when the service has already occurred. Providers have 60 calendar days from the date of the initial adverse determination to submit a post-service appeal. Post-service appeals are resolved in writing within 30 calendar days. If submitted by anyone other than the member, written member consent is required and must be specific to the service requested, is only valid for that appeal and must be signed/dated by the member. You can use the [Consent for Provider to File an Appeal on Patient/Member's Behalf form](#).

You may visit our website and navigate to Provider Resources then to [Provider Disputes or Appeals](#) for more information.

Questions?

If you have questions, please contact HAP CareSource Provider Services at **1-833-230-2102**, Monday through Friday, 8 a.m. to 6 p.m. Eastern Time (ET).

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