NETWORK *Notification*

Notice Date:	**September 3, 2026**
To:	**Michigan Medicaid and HAP CareSource™ MI Coordinated Health (HMO D-SNP) Providers**
From:	**HAP CareSource**
Subject:	**Submission Requirements for Uniform Itemized Bills**

Summary

HAP CareSource is committed to accurate, efficient claims processing. Accordingly, all **Itemized Bills** must comply with the standards below. Compliance helps avoid processing delays and supports timely claim review.

Submission Requirements

Format

Submit itemized bills in **text-only format** (no images, scans, or handwritten documents). Use **MM/DD/YYYY** for all dates (e.g., 01/15/2026).

Required Information

Include the member's name, claim ID, date-of-service range ("from" and "to" dates), and total charges.

Itemized Bill Structure

Present billing details in the following header order: Date; Revenue Code (Rev), CPT Code, Description, Quantity (Qty), and Charges. List revenue codes and CPT codes in separate columns. Charges must reconcile at the claim level and within each revenue code grouping.

Important Notice

Noncompliance may result in processing delays, requests for corrected documentation, or claim denial if discrepancies cannot be resolved. Thank you for your continued cooperation and for helping us maintain efficient claims processing.

Questions?

If you have questions, please contact HAP CareSource Provider Services at one of the numbers below:

- **Medicaid:** 1-833-230-2102, Monday through Friday, 8 a.m. to 6 p.m. Eastern Time (ET)
- **HAP CareSource MI Coordinated Health:** 1-833-230-2159 Monday, through Friday, 8 a.m. to 6 p.m. ET

Thank you for your partnership and for the care you provide for our members.