



# NETWORK Notification

**Notice Date:** October 1, 2025  
**To:** Michigan Medicare-Medicaid Providers  
**From:** HAP CareSource™ MI Coordinated Health (HMO D-SNP)  
**Subject:** High Dollar Claims  
**Effective Date:** October 1, 2025

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## Summary

HAP CareSource™ MI Coordinated Health (HMO D-SNP) is committed to processing your claims as efficiently as possible. When submitting high dollar claims (claims with charges over \$100,000), 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](mailto:ClaimsItemizedBills@CareSource.com)
  - Fax - **937-396-3173**
  - Phone - toll free at **844-794-1579**
- The size of the file is limited to 12 MB. 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.

HAP CareSource MI Coordinated Health reserves the right to request an itemized bill for any claim regardless of dollar amounts billed or paid to facilitate claim review and process.

## 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 Coordinated Health patients.