



NETWORK *Notification*

Notice Date: October 1, 2025
To: Michigan Medicare-Medicaid Providers
From: HAP CareSource™ MI Coordinated Health (HMO D-SNP)
Subject: Address for Refund Checks
Effective Date: October 1, 2025

Summary

Please send refund checks for HAP CareSource™ MI Coordinated Health (HMO D-SNP) 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 Coordinated Health 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 Coordinated Health 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. We are available Monday through Friday from 8 a.m. to 6 p.m. Eastern Time (ET).

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