



## Network Notification

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**Notice Date:** June 26, 2026  
**To:** Massachusetts Medicare-Medicaid Providers  
**From:** CCA One Care (HMO D-SNP), CCA Senior Care Options (HMO D-SNP), CCA One Care (Medicare-Medicaid Plan)  
**Subject:** High Dollar Claims  
**Effective Date:** June 26, 2026

### Summary

Commonwealth Care Alliance, Inc. (CCA) 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 [commonwealthcarealliance.org](http://commonwealthcarealliance.org) 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) or by fax to **937-396-3173** or toll free at **844-794-1579**.
- The size of the file is limited to 12MB. 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.

### Questions?

If you have any questions, we are here to help. Please contact Provider Services at 1-866-420-9332, available Monday, Tuesday, Wednesday, and Friday from 8 am to 5 pm Eastern Time (ET); and on Thursday from 8:30 am to 5 pm Eastern Time (ET).

We appreciate and value your partnership and the service provided to your CCA patients.