



Provider Manual Addendum

Provider Reconsiderations

Within the "Provider Reconsiderations" section of the Provider Manual on page 124, the time frame for submitting a reconsideration request has been updated to **65 calendar days**. Please review the red text for the Provider Manual outlined changes. This change will be updated in the [Provider Manual](#) in the next annual review.

Providers are permitted to submit reconsiderations to CareSource PASSE regarding CareSource PASSE's adverse decisions or actions related to their services. All provider reconsiderations should be clearly documented and must be submitted in writing.

Providers have **65** calendar days from the date on the notice of the adverse decision/action to submit a reconsideration request. The request must include a copy of the notice and any additional documentation to be considered by CareSource PASSE.

CareSource PASSE
Attn: Provider Grievances – CareSource PASSE
P.O. Box 2008
Dayton, OH 45401-2008

CareSource PASSE will thoroughly investigate each reconsideration using applicable statutory, regulatory and contractual provision, collecting all pertinent facts from all parties and applying CareSource PASSE policies and procedures. A provider is not required to utilize the reconsideration procedures prior to filing an appeal under the Arkansas Medicaid Fairness Act.

Please contact Provider Services at **1-833-230-2100**, available Monday through Friday, 8 a.m. to 5 p.m. Central Time (CT) with any questions.

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