

First Source – New Paper Claims Vendor

Update #: OPSFS070124
Effective Date: July 1, 2024
Current State: Excela
Future State: First Source
Business Owner: Claims Administration

Beginning July 1, Sentara Health Plans will transition our paper claims processing functions to First Source, a third-party vendor responsible for the intake and processing of mailed claims.

Paper claims will process according to billing requirements consistent with the Centers for Medicare & Medicaid Services (CMS) and the Department of Medical Assistance Services (DMAS). This change confirms health plan compliance and ensures paper claims received by the plan include the required fields and formatting for clean claim auto adjudication.

Providers who previously submitted paper claims to Sentara Health Plans may see a change in processing. Starting on July 1, 2024, **claims previously processed by Sentara Health Plans and denied for missing information will be rejected prior to health plan processing.** This will result in a faster exchange of information, allowing the opportunity to re-bill or correct claims.

Electronic submission provides the quickest and most effective processing route. As an additional option, providers may submit single claims electronically through Availity Essentials.

For additional details on the required fields and the reject explanations, please review the **UB04 and CMS 1500 Field List and Rejection Reason** resources.