

# Claims issue and resolution workflow (IRT process)

To ensure your inquiry is addressed in a timely manner and routed to the appropriate internal department, please follow these guidelines:

1. Contact Customer Service at **1-800-229-8822** or submit a reconsideration.
2. If the issue involves five or more claims or remains unresolved, complete the Claims Template and submit it to your assigned Network Educator.
  - If you do not know your assigned Network Educator, please email your Tax ID to **contactmyrep@sentara.com** to be connected.
  - The Claims Template may be found on the website in the Provider Toolkit under Forms **here**.
3. Complete the template fully and include supporting documentation to avoid delays. Supporting documentation may include:
  - Call reference numbers and/or date customer service was contacted.
  - Dates of reconsideration submissions.
  - Problem statement.
  - What is the approximate volume of impacted claims?
  - What is the estimated dollar amount affected?
  - What is the earliest impacted date of service, and is the issue still occurring?
  - Is this impacting all providers within your group?
4. After receiving your inquiry, the Network Educator will complete a preliminary review, provide feedback, and open a ticket if appropriate.
5. Your Network Educator will provide updates as they become available.
  - Please note that timelines are dependent on issue complexity. Internal due dates indicate when updates are expected, not guaranteed resolution dates.

## Important information for claims outside the timely filing period

For claims beyond the 365-day timely filing period, documentation of prior outreach to Sentara Health Plans is required to determine whether a waiver may be granted.

Acceptable documentation may include:

- Call reference numbers
- Dates of outreach and name of the Sentara representative contacted
- Reconsideration submissions

Submitting this information upfront helps prevent delays and supports timely filing waiver review.